

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cambia Health Solutions Inc. PAC

ADDRESS (number and street) ▼

PO Box 1271, MS E12C

☐ Check if different than previously reported. (ACC)

Portland

OR

97207-1271

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00252684

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Christopher Bandoli

Signature of Treasurer

Christopher Bandoli

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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. Total Disbursements (from Line 31)	33000.00	110000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43601.77	43601.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	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

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

40958.19

85907.92

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3000.00

3000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

43958.19

88907.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

43958.19

88907.92

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	95000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33000.00	110000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33000.00	110000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 420

(check only one)

☒ 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)

A. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103855

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159578

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243560

Amount of Each Receipt this Period

10.00

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

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

30.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 420
(check only one)

☒ 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)

A. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356320

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685135

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ARMEN AKOPYAN

Mailing Address 6149 115TH PLACE SE

City State Zip Code
BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR ACTRL PROVDR CNTRCTG ANLYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685298

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 420

(check only one)

☒ 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)

A. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City State Zip Code
 LEWISTON ID 83501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574538

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City State Zip Code
 LEWISTON ID 83501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574709

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City State Zip Code
 LEWISTON ID 83501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : A2013-3574880

Amount of Each Receipt this Period

20.00

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

60.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

Transaction ID : A2013-3699625

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

Transaction ID : A2013-3927686

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : A2013-3927518

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986329

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103805

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159528

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 420

☒ 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)

A. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243510

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356270

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685087

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 420

(check only one)

☒ 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)

A. PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685249

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KIRK ANDERSON

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

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574634

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. KIRK ANDERSON

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

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574805

Amount of Each Receipt this Period

30.00

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

80.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 420

☒ 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)

A. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574976

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699721

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927782

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927613

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986424

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103900

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 16 OF 420

(check only one)

☒ 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)

A. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159623

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243605

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356365

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 17 OF 420

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685180

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KIRK ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685343

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574635

Amount of Each Receipt this Period

15.00

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

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

75.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)

A. RACHELLE ANDERSONMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574806

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RACHELLE ANDERSONMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574977

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RACHELLE ANDERSONMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699722

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

A. RACHELLE ANDERSON
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927783

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RACHELLE ANDERSON
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927614

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RACHELLE ANDERSON
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986425

Amount of Each Receipt this Period

5.00

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

35.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103901

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159624

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243606

Amount of Each Receipt this Period

5.00

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 420

☒ 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)

A. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356366

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685181

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. RACHELLE ANDERSON

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685344

Amount of Each Receipt this Period

5.00

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574592

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574763

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574934

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699679

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927740

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927571

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986382

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103858

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City
SNOHOMISH

State Zip Code
WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159581

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City State Zip Code
 SNOHOMISH WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243563

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City State Zip Code
 SNOHOMISH WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356323

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City State Zip Code
 SNOHOMISH WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685138

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

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☒ 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)

A. VIRGINIA ANDERSON

Mailing Address 15313 241ST STREET SE

City State Zip Code
 SNOHOMISH WA 98296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BROKER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685301

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574608

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574779

Amount of Each Receipt this Period

20.00

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

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

55.00

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

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

FOR LINE NUMBER:
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PAGE 27 OF 420

☒ 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)

A. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574950

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699695

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927756

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927587

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986398

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103874

Amount of Each Receipt this Period

20.00

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

60.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159597

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243579

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356339

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2013

Transaction ID : A2013-4685154

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : A2013-4685317

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GAIL BAKER

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

City State Zip Code
 Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 12 2013

Transaction ID : A2013-3574637

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574808

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574979

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699724

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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☒ 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. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927785

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927616

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986427

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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☒ 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)

A. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103903

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159626

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243608

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
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☒ 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)

A. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356368

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685183

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GAIL BAKER

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685346

Amount of Each Receipt this Period

20.00

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

60.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
 07 / 12 / 2013

Transaction ID : A2013-3574633

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
 07 / 26 / 2013

Transaction ID : A2013-3574804

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
 08 / 09 / 2013

Transaction ID : A2013-3574975

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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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699720

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927781

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927612

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : A2013-3986423

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : A2013-4103899

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : A2013-4159622

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243604

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356364

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685179

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Christopher Bandoli

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685342

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City State Zip Code
 PORTLAND OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574518

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City State Zip Code
 PORTLAND OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574689

Amount of Each Receipt this Period

75.00

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

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

180.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574860

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699605

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927667

Amount of Each Receipt this Period

75.00

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927500

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986311

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103788

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159511

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243493

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356253

Amount of Each Receipt this Period

75.00

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685070

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City
PORTLAND

State Zip Code
OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP CORPORATE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685232

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City
LAKE OSWEGO

State Zip Code
OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574568

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

07 / 26 / 2013

Transaction ID : A2013-3574739

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574910

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699655

Amount of Each Receipt this Period

75.00

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

225.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927716

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927548

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986359

Amount of Each Receipt this Period

75.00

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

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

☒ 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)

A. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City	State	Zip Code
LAKE OSWEGO	OR	97034

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : A2013-4103835

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City	State	Zip Code
LAKE OSWEGO	OR	97034

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : A2013-4159558

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City	State	Zip Code
LAKE OSWEGO	OR	97034

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : A2013-4243540

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356300

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BARR

Mailing Address 18803 RIVENDELL COURT

City State Zip Code
 LAKE OSWEGO OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

EVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685279

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 12 / 2013

Transaction ID : A2013-3574605

Amount of Each Receipt this Period

30.00

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 48 OF 420

(check only one)

☒ 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)

A. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : A2013-3574776

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : A2013-3574947

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 23 2013

Transaction ID : A2013-3699692

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 420
(check only one)

☒ 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)

A. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : A2013-3927753

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : A2013-3927584

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NICOLE BELL

Mailing Address 1410 30th Ave

City State Zip Code
 Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : A2013-3986395

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. NICOLE BELL

Mailing Address 1410 30th Ave

City
Seattle

State
WA

Zip Code
98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103871

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. NICOLE BELL

Mailing Address 1410 30th Ave

City
Seattle

State
WA

Zip Code
98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159594

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NICOLE BELL

Mailing Address 1410 30th Ave

City
Seattle

State
WA

Zip Code
98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243576

Amount of Each Receipt this Period

30.00

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

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

90.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. NICOLE BELL

Mailing Address 1410 30th Ave

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356336

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. NICOLE BELL

Mailing Address 1410 30th Ave

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685151

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. NICOLE BELL

Mailing Address 1410 30th Ave

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager for Network Reimburse

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685314

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

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☒ 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)

A. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103815

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159538

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243520

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356280

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685097

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GEORGANNE BENJAMIN

Mailing Address 3439 SOUTH MILLSPUR WAY

City
BOISE

State Zip Code
ID 83716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM ID UT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685259

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574638

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574809

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574980

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BERCHTOLD

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699725

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRIAN BERCHTOLD

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927786

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BRIAN BERCHTOLD

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927617

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986428

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103904

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159627

Amount of Each Receipt this Period

30.00

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

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BERCHTOLDMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2013					

Transaction ID : A2013-4243609

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRIAN BERCHTOLDMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2013					

Transaction ID : A2013-4356369

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BRIAN BERCHTOLDMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			13			2013					

Transaction ID : A2013-4685184

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BERCHTOLD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685347

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103875

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159598

Amount of Each Receipt this Period

10.00

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

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

50.00

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

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

FOR LINE NUMBER:
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☒ 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)

A. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243580

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356340

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685155

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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☒ 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. MICHELE BEUTLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685318

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City State Zip Code
 SAMMAMISH WA 98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574531

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City State Zip Code
 SAMMAMISH WA 98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574702

Amount of Each Receipt this Period

45.00

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

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

100.00

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

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

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☒ 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. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574873

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699618

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

810.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927679

Amount of Each Receipt this Period

45.00

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

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

135.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

855.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927511

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986322

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

945.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103799

Amount of Each Receipt this Period

45.00

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

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

135.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City
SAMMAMISH

State Zip Code
WA 98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159522

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City
SAMMAMISH

State Zip Code
WA 98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243504

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City
SAMMAMISH

State Zip Code
WA 98074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356264

Amount of Each Receipt this Period

45.00

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

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

 City
 SAMMAMISH

 State
 WA

 Zip Code
 98074

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685081

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

 City
 SAMMAMISH

 State
 WA

 Zip Code
 98074

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685243

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. SABRINA BLAIR
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

 City
 Portland

 State
 OR

 Zip Code
 97207

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103905

Amount of Each Receipt this Period

10.00

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

100.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SABRINA BLAIR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159628

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SABRINA BLAIR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243610

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City State Zip Code
SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103854

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159577

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243559

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356319

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City	State	Zip Code
SANDY	UT	84070

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685134

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CATHERINE BOULDEN

Mailing Address 10782 S ORANGEWOOD

City	State	Zip Code
SANDY	UT	84070

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685297

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT BUTTERFIELDMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103907

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

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(check only one)

☒ 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)

A. ROBERT BUTTERFIELD

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

City State Zip Code
 Portland OR 97207

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159630

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT BUTTERFIELD

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

City State Zip Code
 Portland OR 97207

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243612

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT BUTTERFIELD

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

City State Zip Code
 Portland OR 97207

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : A2013-4356371

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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☒ 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. ROBERT BUTTERFIELD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685186

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT BUTTERFIELD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685349

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574642

Amount of Each Receipt this Period

40.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574813

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574984

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699729

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

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(check only one)

☒ 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)

A. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927790

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927621

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986432

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

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☒ 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)

A. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103908

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159631

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243613

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

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☒ 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)

A. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356372

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685187

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOAN BYRD

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685350

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574542

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574713

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : A2013-3574884

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699629

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927690

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927522

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 420

(check only one)

☒ 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)

A. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : A2013-3986333

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103809

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City State Zip Code
 SALT LAKE CITY UT 84084

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159532

Amount of Each Receipt this Period

15.00

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

45.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 420

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City	State	Zip Code
SALT LAKE CITY	UT	84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243514

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City	State	Zip Code
SALT LAKE CITY	UT	84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356274

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City	State	Zip Code
SALT LAKE CITY	UT	84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685091

Amount of Each Receipt this Period

15.00

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RICHARD CAMPBELL

Mailing Address 6963 JORDAN CLOSE CIRCLE

City	State	Zip Code
SALT LAKE CITY	UT	84084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR DATA CENTER OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685253

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City	State	Zip Code
BOUNTIFUL	UT	84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574533

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City	State	Zip Code
BOUNTIFUL	UT	84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574704

Amount of Each Receipt this Period

50.00

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

115.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City
BOUNTIFUL

State Zip Code
UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574875

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City
BOUNTIFUL

State Zip Code
UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699620

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City
BOUNTIFUL

State Zip Code
UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927681

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 420

☒ 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)

A. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927513

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986324

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103801

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159524

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243506

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City

BOUNTIFUL

State

UT

Zip Code

84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356266

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 82 OF 420
(check only one)

☒ 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)

A. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City State Zip Code
BOUNTIFUL UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2013

Transaction ID : A2013-4685083

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City State Zip Code
BOUNTIFUL UT 84010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LGSLTV REGLTORY AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685245

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 12 2013

Transaction ID : A2013-3574611

Amount of Each Receipt this Period

25.00

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

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

125.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574782

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574953

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699698

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

A. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : A2013-3927759

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : A2013-3927590

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : A2013-3986401

Amount of Each Receipt this Period

25.00

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

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

75.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103877

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159600

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243582

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

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(check only one)

☒ 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)

A. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356342

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685157

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685320

Amount of Each Receipt this Period

25.00

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

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

75.00

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574555

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574726

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574897

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699642

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927703

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927535

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986346

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103822

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159545

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243527

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356287

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685104

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

A. LINDA CARRIER

Mailing Address 14022 1ST AVE W

City
EVERETT

State Zip Code
WA 98208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SERVICE MGMT & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685266

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. BRADY CASS

Mailing Address 710 E. Erica Court

City
SPOKANE

State Zip Code
WA 99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 18 2013

Transaction ID : A2013-4103837

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRADY CASS

Mailing Address 710 E. Erica Court

City
SPOKANE

State Zip Code
WA 99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2013

Transaction ID : A2013-4159560

Amount of Each Receipt this Period

10.00

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

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

50.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRADY CASS

Mailing Address 710 E. Erica Court

City

SPOKANE

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243542

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRADY CASS

Mailing Address 710 E. Erica Court

City

SPOKANE

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356302

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRADY CASS

Mailing Address 710 E. Erica Court

City

SPOKANE

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685118

Amount of Each Receipt this Period

10.00

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

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

30.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRADY CASS

Mailing Address 710 E. Erica Court

City

SPOKANE

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES & RENEWALS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			27			2013					

Transaction ID : A2013-4685281

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2013					

Transaction ID : A2013-4103813

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2013					

Transaction ID : A2013-4159536

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243518

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356278

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685095

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 95 OF 420
(check only one)

☒ 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)

A. EDDY CHAPMAN

Mailing Address 3614 28TH STREET

City State Zip Code
LEWISTON ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685257

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 12 2013

Transaction ID : A2013-3574589

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 26 2013

Transaction ID : A2013-3574760

Amount of Each Receipt this Period

30.00

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574931

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699676

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927737

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : A2013-3927569

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : A2013-3986380

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
 SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cambia Health Solutions Inc.

Occupation
 VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103856

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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☐ 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)

A. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159579

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243561

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356321

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685136

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City State Zip Code
SANDY UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685299

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City State Zip Code
SPANAWAY WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103796

Amount of Each Receipt this Period

10.00

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

70.00

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

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

Use separate schedule(s)
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☒ 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. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City
SPANAWAY

State Zip Code
WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159519

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City
SPANAWAY

State Zip Code
WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243501

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City
SPANAWAY

State Zip Code
WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356261

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City
SPANAWAY

State Zip Code
WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685078

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEBRA CIEPLIK

Mailing Address 7505 204TH STREET EAST

City
SPANAWAY

State Zip Code
WA 98387

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR HR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685240

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOHN CIMRAL

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

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574643

Amount of Each Receipt this Period

75.00

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

95.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574814

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574985

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699730

Amount of Each Receipt this Period

75.00

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

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

225.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927791

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927622

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986433

Amount of Each Receipt this Period

75.00

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

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

225.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103909

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159632

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243614

Amount of Each Receipt this Period

75.00

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

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

225.00

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

Use separate schedule(s)
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☒ 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. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356373

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685188

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JOHN CIMRAL

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685351

Amount of Each Receipt this Period

75.00

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 12 / 2013

Transaction ID : A2013-3574644

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 26 / 2013

Transaction ID : A2013-3574815

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574986

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 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)

A. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699731

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927792

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927623

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 420

☒ 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)

A. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986434

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103910

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159633

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 420

☒ 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)

A. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243615

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356374

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685189

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 110 OF 420

(check only one)

☒ 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)

A. APRIL COITEUX

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685352

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574645

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574816

Amount of Each Receipt this Period

50.00

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ROBERT COPPEDGE
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	3

Transaction ID : A2013-3574987

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT COPPEDGE
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	3

Transaction ID : A2013-3699732

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBERT COPPEDGE
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	3

Transaction ID : A2013-3927793

Amount of Each Receipt this Period

50.00

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

150.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 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. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927624

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986435

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103911

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

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(check only one)

☒ 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)

A. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159634

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243616

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356375

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 420

☒ 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)

A. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 13 2013

Transaction ID : A2013-4685190

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT COPPEDGE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685353

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City State Zip Code
KELSO WA 98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 12 2013

Transaction ID : A2013-3574590

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 420

☒ 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)

A. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574761

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574932

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699677

Amount of Each Receipt this Period

30.00

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

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City	State	Zip Code
KELSO	WA	98626

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927738

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City	State	Zip Code
KELSO	WA	98626

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927570

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City	State	Zip Code
KELSO	WA	98626

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986381

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City State Zip Code
 KELSO WA 98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103857

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City State Zip Code
 KELSO WA 98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159580

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City State Zip Code
 KELSO WA 98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243562

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356322

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685137

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR BUSINESS CONTROLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685300

Amount of Each Receipt this Period

30.00

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER DEL VILLARMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574646

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JENNIFER DEL VILLARMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574817

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JENNIFER DEL VILLARMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574988

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699733

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927794

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927625

Amount of Each Receipt this Period

30.00

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

90.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : A2013-3986436

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : A2013-4103912

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2013

Transaction ID : A2013-4159635

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243617

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356376

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685191

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER DEL VILLAR

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685354

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City State Zip Code
LYNNWOOD WA 98036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BOEING CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103820

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City State Zip Code
LYNNWOOD WA 98036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BOEING CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159543

Amount of Each Receipt this Period

10.00

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

50.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City

LYNNWOOD

State

WA

Zip Code

98036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BOEING CLAIMS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243525

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City

LYNNWOOD

State

WA

Zip Code

98036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BOEING CLAIMS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356285

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City

LYNNWOOD

State

WA

Zip Code

98036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR BOEING CLAIMS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685102

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LESLEY DEROCHE

Mailing Address 20719 CRAWFORD RD

City
LYNNWOOD

State Zip Code
WA 98036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR BOEING CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685264

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANGELA DOWLING

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

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103913

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANGELA DOWLING

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

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159636

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 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)

A. ANGELA DOWLING

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243618

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANGELA DOWLING

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356377

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANGELA DOWLING

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685192

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. ANGELA DOWLING

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685355

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HAMILTON EMERY

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 18 2013

Transaction ID : A2013-4103914

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HAMILTON EMERY

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2013

Transaction ID : A2013-4159637

Amount of Each Receipt this Period

10.00

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. HAMILTON EMERYMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243619

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HAMILTON EMERYMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356378

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HAMILTON EMERYMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685193

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 129 OF 420
(check only one)

☒ 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. HAMILTON EMERY

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685356

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574613

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574784

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927761

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 420

☒ 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. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927592

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986403

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103879

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

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(check only one)

☒ 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)

A. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159602

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243584

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356344

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 133 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685159

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. RAULO FREAR

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685322

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103880

Amount of Each Receipt this Period

10.00

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

50.00

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

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

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

FOR LINE NUMBER:
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☒ 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. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159603

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243585

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356345

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 420

☒ 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. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : A2013-4685160

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEANA FREDINBURG

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685323

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574562

Amount of Each Receipt this Period

115.00

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

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

135.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 420

☒ 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. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : A2013-3574733

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 09 2013

Transaction ID : A2013-3574904

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 23 2013

Transaction ID : A2013-3699649

Amount of Each Receipt this Period

115.00

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

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

345.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927710

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2185.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927542

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986353

Amount of Each Receipt this Period

115.00

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

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

345.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 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)

A. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2415.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103829

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2530.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159552

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2645.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243534

Amount of Each Receipt this Period

115.00

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

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

345.00

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

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

FOR LINE NUMBER: PAGE 139 OF 420
(check only one)

☒ 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)

A. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : A2013-4356294

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

B. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : A2013-4685111

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2990.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685273

Amount of Each Receipt this Period

115.00

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

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

345.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 420

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103881

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159604

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243586

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356346

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685161

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PENNY GARRETT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685324

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City	State	Zip Code
RIDGEFIELD	WA	98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574519

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City	State	Zip Code
RIDGEFIELD	WA	98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574690

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City	State	Zip Code
RIDGEFIELD	WA	98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574861

Amount of Each Receipt this Period

50.00

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

150.00

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

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

Use separate schedule(s)
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☒ 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. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699606

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927668

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927501

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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)

A. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986312

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103789

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 420

☒ 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)

A. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243494

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356254

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685071

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 420

☒ 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)

A. STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City

RIDGEFIELD

State

WA

Zip Code

98642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP & CHIEF ACTUARIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685233

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City

PORTLAND

State

OR

Zip Code

97204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CUSTOMER SERVICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103792

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City

PORTLAND

State

OR

Zip Code

97204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CUSTOMER SERVICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159515

Amount of Each Receipt this Period

10.00

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City

PORTLAND

State

OR

Zip Code

97204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243497

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City

PORTLAND

State

OR

Zip Code

97204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356257

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City

PORTLAND

State

OR

Zip Code

97204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685074

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JOANNE GHOLSTON

Mailing Address 818 SW 3RD AVENUE #67

City
PORTLAND

State Zip Code
OR 97204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685236

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALISON GOLDWATER

Mailing Address 2890 East Cottonwood Parkway

City
Salt Lake City

State Zip Code
UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574616

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ALISON GOLDWATER

Mailing Address 2890 East Cottonwood Parkway

City
Salt Lake City

State Zip Code
UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574787

Amount of Each Receipt this Period

15.00

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

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574958

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699703

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927764

Amount of Each Receipt this Period

15.00

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

45.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927595

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986406

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103882

Amount of Each Receipt this Period

15.00

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

45.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

A. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159605

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243587

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356347

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685162

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. 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.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685325

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574617

Amount of Each Receipt this Period

30.00

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

60.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 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. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574788

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574959

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699704

Amount of Each Receipt this Period

30.00

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

90.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927765

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927596

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986407

Amount of Each Receipt this Period

30.00

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

90.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103883

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159606

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243588

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356348

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685163

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER GOREY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685326

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. CHERYL HAASE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103917

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHERYL HAASE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159640

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHERYL HAASE

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243622

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 158 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHERYL HAASE

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356381

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHERYL HAASE

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685196

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHERYL HAASE

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

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685359

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
07 / 12 / 2013

Transaction ID : A2013-3574529

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : A2013-3574700

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2013

Transaction ID : A2013-3574871

Amount of Each Receipt this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 160 OF 420

(check only one)

☒ 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)

A. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City State Zip Code
EDMONDS WA 98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699616

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City State Zip Code
EDMONDS WA 98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927677

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City State Zip Code
EDMONDS WA 98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927509

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 161 OF 420

☒ 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)

A. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986320

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103797

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159520

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 162 OF 420

☒ 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)

A. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243502

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356262

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685079

Amount of Each Receipt this Period

15.00

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LEONARD HAGEN

Mailing Address 18817 88TH AVE. W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685241

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR INDIVIDUAL MBRSHP ACCTG

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574541

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR INDIVIDUAL MBRSHP ACCTG

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574712

Amount of Each Receipt this Period

20.00

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

55.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 420

☒ 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)

A. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574883

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699628

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927689

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 OF 420

☒ 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)

A. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHIP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927521

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHIP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986332

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHIP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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)..... ►

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 166 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSH ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159531

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSH ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243513

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSH ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356273

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 167 OF 420

☒ 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)

A. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHIP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685090

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR INDIVIDUAL MBRSHIP ACCTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685252

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City
Salt Lake City

State Zip Code
UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574620

Amount of Each Receipt this Period

40.00

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

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

80.00

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574791

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 08 / 09 / 2013

Transaction ID : A2013-3574962

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
 08 / 23 / 2013

Transaction ID : A2013-3699707

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2013

Transaction ID : A2013-3927768

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : A2013-3927599

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : A2013-3986410

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103886

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159609

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243591

Amount of Each Receipt this Period

40.00

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

120.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356351

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685166

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685329

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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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

State Zip Code
OR 97367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103794

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BONNIE J HASS

Mailing Address 3616 NW JETTY AVE

City
LINCOLN CITY

State Zip Code
OR 97367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159517

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BONNIE J HASS

Mailing Address 3616 NW JETTY AVE

City
LINCOLN CITY

State Zip Code
OR 97367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243499

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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Detailed Summary Page

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☒ 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. BONNIE J HASS

Mailing Address 3616 NW JETTY AVE

City

LINCOLN CITY

State

OR

Zip Code

97367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356259

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BONNIE J HASS

Mailing Address 3616 NW JETTY AVE

City

LINCOLN CITY

State

OR

Zip Code

97367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685076

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BONNIE J HASS

Mailing Address 3616 NW JETTY AVE

City

LINCOLN CITY

State

OR

Zip Code

97367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685238

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103888

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159611

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243593

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356353

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685168

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LISA HAYES

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685331

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL HEBERTMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699739

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MICHAEL HEBERTMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927800

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MICHAEL HEBERTMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927631

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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986442

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103918

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159641

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)..... ►

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

Use separate schedule(s)
for each category of the
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☒ 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. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243623

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356382

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685197

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)..... ►

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL HEBERT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685360

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MURPHY J HENSLEY

Mailing Address 14905 NE 167TH STREET

City State Zip Code
WOODINVILLE WA 98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP SALES WASHINGTON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1146.32

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574520

Amount of Each Receipt this Period

81.88

Full Name (Last, First, Middle Initial)

C. MURPHY J HENSLEY

Mailing Address 14905 NE 167TH STREET

City State Zip Code
WOODINVILLE WA 98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP SALES WASHINGTON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1228.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574691

Amount of Each Receipt this Period

81.88

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

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

175.76

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MURPHY J HENSLEY

Mailing Address 14905 NE 167TH STREET

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP SALES WASHINGTON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.08

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574862

Amount of Each Receipt this Period

81.88

Full Name (Last, First, Middle Initial)

B. MURPHY J HENSLEY

Mailing Address 14905 NE 167TH STREET

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP SALES WASHINGTON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1391.96

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699607

Amount of Each Receipt this Period

81.88

Full Name (Last, First, Middle Initial)

C. MURPHY J HENSLEY

Mailing Address 14905 NE 167TH STREET

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP SALES WASHINGTON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1473.84

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927669

Amount of Each Receipt this Period

81.88

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

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

245.64

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574584

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574755

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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)..... ►

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

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

FOR LINE NUMBER: PAGE 182 OF 420
(check only one)

☒ 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)

A. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699671

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927732

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927564

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986375

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103851

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159574

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243556

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356316

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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)..... ►

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 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)

A. ALEXIS HOFFBERGER

Mailing Address PO BOX 61803

City

VANCOUVER

State

WA

Zip Code

98666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

AD COMPTVE INTEL & DSKTP ANALY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685294

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103868

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159591

Amount of Each Receipt this Period

10.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243573

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356333

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685148

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 187 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY HOLLISTER

Mailing Address 1775 NW 130TH AVE

City
PORTLANDState Zip Code
OR 97229FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685311

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. THOMAS HOLT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12ACity
PortlandState Zip Code
OR 97207FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574656

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. THOMAS HOLT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12ACity
PortlandState Zip Code
OR 97207FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574827

Amount of Each Receipt this Period

20.00

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

50.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 420

☒ 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)

A. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574998

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699743

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927804

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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☐ 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)

A. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927635

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986446

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103922

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159645

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243627

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356386

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685200

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. THOMAS HOLT

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

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685363

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City State Zip Code
KUNA ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574545

Amount of Each Receipt this Period

15.00

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

55.00

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

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

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FOR LINE NUMBER:
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PAGE 192 OF 420

☒ 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. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State
ID

Zip Code
83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 26 / 2013

Transaction ID : A2013-3574716

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State
ID

Zip Code
83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574887

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State
ID

Zip Code
83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699632

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927693

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927525

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986336

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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☒ 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. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103812

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159535

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243517

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356277

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685094

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. WENDI HOMAN

Mailing Address 921 STRIKE WAY

City
KUNA

State Zip Code
ID 83634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MARKETING CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685256

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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☒ 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. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574606

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574777

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : A2013-3574948

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699693

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927754

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927585

Amount of Each Receipt this Period

40.00

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

120.00

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

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

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☒ 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. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986396

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103872

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159595

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243577

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356337

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685152

Amount of Each Receipt this Period

40.00

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

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

120.00

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
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C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Director for Corporate Actuari

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685315

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City State Zip Code
LYONS OR 97358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 18 2013

Transaction ID : A2013-4103859

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City State Zip Code
LYONS OR 97358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2013

Transaction ID : A2013-4159582

Amount of Each Receipt this Period

10.00

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

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

60.00

SCHEDULE A (FEC Form 3X)
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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City	State	Zip Code
LYONS	OR	97358

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243564

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City	State	Zip Code
LYONS	OR	97358

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356324

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City	State	Zip Code
LYONS	OR	97358

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685139

Amount of Each Receipt this Period

10.00

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

30.00

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

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A. CHERYL HUGHES

Mailing Address 44505 W MCCULLY MT DR

City
LYONS

State
OR

Zip Code
97358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SUBROGATION/OPL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685302

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANGELA HULT

Mailing Address 7675 SW THORNTON DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103839

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANGELA HULT

Mailing Address 7675 SW THORNTON DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159562

Amount of Each Receipt this Period

10.00

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

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

30.00

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ANGELA HULT

Mailing Address 7675 SW THORNTON DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243544

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANGELA HULT

Mailing Address 7675 SW THORNTON DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356304

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANGELA HULT

Mailing Address 7675 SW THORNTON DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685120

Amount of Each Receipt this Period

10.00

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

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

30.00

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A. ANGELA HULT

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City

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State

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Zip Code

97070

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federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR STRATCOM OR WA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685283

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574560

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574731

Amount of Each Receipt this Period

15.00

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

40.00

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

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

A. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574902

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699647

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927708

Amount of Each Receipt this Period

15.00

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

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

45.00

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A. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927540

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986351

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103827

Amount of Each Receipt this Period

15.00

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

45.00

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

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A. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159550

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243532

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City

PORTLAND

State

OR

Zip Code

97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356292

Amount of Each Receipt this Period

15.00

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

45.00

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

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Full Name (Last, First, Middle Initial)

A. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City
PORTLAND

State Zip Code
OR 97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685109

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. BARBARA HUSEMAN-ANDREE

Mailing Address 4821 N GIRARD

City
PORTLAND

State Zip Code
OR 97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR BUSINESS ENGINEERING CLAIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685271

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574601

Amount of Each Receipt this Period

30.00

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State ID Zip Code
83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574772

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State ID Zip Code
83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574943

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State ID Zip Code
83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699688

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927749

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927580

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986391

Amount of Each Receipt this Period

30.00

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

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

90.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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A. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103867

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159590

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243572

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356332

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685147

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City
MERIDIAN

State Zip Code
ID 83642-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR NEW SALES GB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685310

Amount of Each Receipt this Period

30.00

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

90.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR EXTRNL AUDIT/INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103791

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR EXTRNL AUDIT/INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159514

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243496

Amount of Each Receipt this Period

10.00

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

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
 ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR EXTRNL AUDIT/INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356256

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
 ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR EXTRNL AUDIT/INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685073

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ALEXANDER JOHNSON

Mailing Address 13377 ALPINE COVE DRIVE

City State Zip Code
 ALPINE UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR EXTRNL AUDIT/INVEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685235

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574564

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574735

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574906

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699651

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927712

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927544

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City State Zip Code
MERIDIAN ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986355

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City State Zip Code
MERIDIAN ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103831

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City State Zip Code
MERIDIAN ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159554

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243536

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356296

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685113

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JON JOHNSON

Mailing Address 3770 N FRANDON AVE

City
MERIDIAN

State Zip Code
ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685275

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 18 2013

Transaction ID : A2013-4103814

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2013

Transaction ID : A2013-4159537

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243519

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356279

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685096

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 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)

A. JODI JONES

Mailing Address 2110 RIDGEWAY DRIVE

City
LEWISTON

State
ID

Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR PROVIDER CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685258

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State
OR

Zip Code
97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574573

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State
OR

Zip Code
97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574744

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 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)

A. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574915

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699660

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927721

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 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. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927553

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986364

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103840

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 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)

A. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159563

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243545

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356305

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City State Zip Code
 PORTLAND OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2013

Transaction ID : A2013-4685121

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SEAN KARBOWICZ

Mailing Address 3625 SE TOLMAN

City State Zip Code
 PORTLAND OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLINICAL PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : A2013-4685284

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City State Zip Code
 SEATTLE WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 12 2013

Transaction ID : A2013-3574515

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574686

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574857

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699602

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2013

Transaction ID : A2013-3927664

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : A2013-3927497

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : A2013-3986308

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103785

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159508

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243490

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356250

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685067

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. SCOTT D KREILING

Mailing Address 6638 57TH AVENUE NE

City
SEATTLE

State Zip Code
WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685229

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 420
(check only one)

☒ 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)

A. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City State Zip Code
EDMONDS WA 98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103818

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City State Zip Code
EDMONDS WA 98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159541

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City State Zip Code
EDMONDS WA 98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243523

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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)

A. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356283

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685100

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT KUECKER

Mailing Address 9611 BLAKE PLACE

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685262

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574657

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574828

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574999

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699744

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927805

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927636

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986447

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103923

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159646

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243628

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356387

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685201

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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)

A. STEPHEN LAMOUREUX

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685364

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574658

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574829

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3575000

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699745

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927806

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927637

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986448

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103924

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159647

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243629

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. PATRICIA LAUGHRENMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356388

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685202

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685365

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City State Zip Code
SOUTH JORDAN UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103863

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 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)

A. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City State Zip Code
SOUTH JORDAN UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159586

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City State Zip Code
SOUTH JORDAN UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243568

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City State Zip Code
SOUTH JORDAN UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356328

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City	State	Zip Code
SOUTH JORDAN	UT	84095

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685143

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SEAN LIEDTKE

Mailing Address 11316 S. BLUEBROOK COVE

City	State	Zip Code
SOUTH JORDAN	UT	84095

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR RENEWALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685306

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. AMY LONG

Mailing Address 236 SE 84th Avenue

City	State	Zip Code
Portland	OR	97216

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103842

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. AMY LONG

Mailing Address 236 SE 84th Avenue

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159565

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. AMY LONG

Mailing Address 236 SE 84th Avenue

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243547

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. AMY LONG

Mailing Address 236 SE 84th Avenue

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356307

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. AMY LONG

Mailing Address 236 SE 84th Avenue

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685123

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. AMY LONG

Mailing Address 236 SE 84th Avenue

City

Portland

State

OR

Zip Code

97216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CONFIGURATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685286

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City

Salt Lake City

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574624

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : A2013-3574795

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2013

Transaction ID : A2013-3574966

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2013

Transaction ID : A2013-3699711

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 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. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927772

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927603

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986414

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 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. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103890

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159613

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243595

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356355

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685170

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685333

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

PORTLAND

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LITIGATION & RISK MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : A2013-4243530

Amount of Each Receipt this Period

9.00

Full Name (Last, First, Middle Initial)

B. MARGARET MAGUIRE

Mailing Address 11720 SW 29TH PLACE

City

PORTLAND

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LITIGATION & RISK MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2013			

Transaction ID : A2013-4356290

Amount of Each Receipt this Period

9.00

Full Name (Last, First, Middle Initial)

C. MARGARET MAGUIRE

Mailing Address 11720 SW 29TH PLACE

City

PORTLAND

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LITIGATION & RISK MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2013			

Transaction ID : A2013-4685107

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)..... ►

27.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. MARGARET MAGUIRE

Mailing Address 11720 SW 29TH PLACE

City
PORTLAND

State Zip Code
OR 97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR LITIGATION & RISK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685269

Amount of Each Receipt this Period

9.00

Full Name (Last, First, Middle Initial)

B. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103925

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159648

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243630

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356389

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685203

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. BRYAN MARSH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685366

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574625

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574796

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574967

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699712

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927773

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927604

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986415

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103891

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159614

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243596

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN MCNALT

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356356

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MCNALTY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685171

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN MCNALTY

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685334

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD MCNEESMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574660

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD MCNEES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574831

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DONALD MCNEES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575002

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574661

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 OF 420

☒ 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)

A. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574832

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575003

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699747

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2013

Transaction ID : A2013-3927808

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : A2013-3927639

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2013

Transaction ID : A2013-3986450

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103926

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159649

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243631

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356390

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685204

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685367

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 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)

A. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103927

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159650

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243632

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 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. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356391

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685205

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BECKY MINKEL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685368

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 OF 420

☒ 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. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103843

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159566

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243548

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 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. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356308

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685124

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HOLLY MOORE

Mailing Address 1366 ST. CHARLES PL. N.E.

City State Zip Code
 KEIZER OR 97303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR CLAIMS PROCESSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685287

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 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. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574663

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574834

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575005

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699749

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927810

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927641

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986452

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103928

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159651

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : A2013-4243633

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2013			

Transaction ID : A2013-4356392

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2013			

Transaction ID : A2013-4685206

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER MORRIS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685369

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City State Zip Code
LAKE OSWEGO OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574517

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City State Zip Code
LAKE OSWEGO OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574688

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 Initial)

B. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699604

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927666

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City	State	Zip Code
LAKE OSWEGO	OR	97035

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927499

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City	State	Zip Code
LAKE OSWEGO	OR	97035

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986310

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City	State	Zip Code
LAKE OSWEGO	OR	97035

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103787

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A. LISA MURPHY

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City

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State

OR

Zip Code

97035

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federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159510

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243492

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356252

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 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)

A. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City State Zip Code
 LAKE OSWEGO OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : A2013-4685069

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City State Zip Code
 LAKE OSWEGO OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : A2013-4685231

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City State Zip Code
 SALT LAKE CITY UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : A2013-3574537

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574708

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574879

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699624

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927685

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927517

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986328

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 420

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City State Zip Code
SALT LAKE CITY UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103804

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City State Zip Code
SALT LAKE CITY UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159527

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City State Zip Code
SALT LAKE CITY UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243509

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 278 OF 420

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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A. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356269

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685086

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City	State	Zip Code
SALT LAKE CITY	UT	84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685248

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City	State	Zip Code
BEAVERTON	OR	97008

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574550

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City	State	Zip Code
BEAVERTON	OR	97008

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574721

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City	State	Zip Code
BEAVERTON	OR	97008

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574892

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699637

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927698

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927530

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

 City
 BEAVERTON

 State
 OR

 Zip Code
 97008

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2013			

Transaction ID : A2013-3986341

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

 City
 BEAVERTON

 State
 OR

 Zip Code
 97008

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2013			

Transaction ID : A2013-4103817

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

 City
 BEAVERTON

 State
 OR

 Zip Code
 97008

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

Transaction ID : A2013-4159540

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243522

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356282

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685099

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARY OCONNOR

Mailing Address 13850 SW STIRRUP STREET

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR CLAIMS SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685261

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103864

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159587

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243569

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356329

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685144

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DIANA ODIEAR

Mailing Address 6101 119TH LANE SE

City
TENINO

State Zip Code
WA 98589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEMBER SERVICE TEAM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 27 2013

Transaction ID : A2013-4685307

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 12 2013

Transaction ID : A2013-3574664

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 26 2013

Transaction ID : A2013-3574835

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3575006

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699750

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927811

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927642

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986453

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103929

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159652

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243634

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356393

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 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. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685207

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685370

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City State Zip Code
LEWISTON ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574544

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 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. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574715

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574886

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699631

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927692

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927524

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986335

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103811

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159534

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243516

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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)

A. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356276

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685093

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City
LEWISTON

State ID Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
DIR UNDERWRITING IDAHO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685255

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574627

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574798

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : A2013-3574969

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699714

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927775

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927606

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986417

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103893

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159616

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243598

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685173

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City	State	Zip Code
Salt Lake City	UT	84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685336

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. REBECCA PORTERMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103930

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. REBECCA PORTERMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159653

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. REBECCA PORTER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243635

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. REBECCA PORTER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356394

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. REBECCA PORTER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685208

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. REBECCA PORTERMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685371

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SCOTT POWERSMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574666

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SCOTT POWERSMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574837

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3575008

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699752

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927813

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927644

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986455

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103931

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159654

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243636

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356395

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685209

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685372

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574628

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574799

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574970

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699715

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927776

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927607

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986418

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 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. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103894

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159617

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243599

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356359

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685174

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685337

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574668

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574839

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575010

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699754

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927815

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927646

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986457

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103933

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159656

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243638

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356397

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685211

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHAD PRIESTMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685374

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City	State	Zip Code
BOISE	ID	83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574521

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City	State	Zip Code
BOISE	ID	83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574692

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574863

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699608

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927670

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927502

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986313

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103790

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Full Name (Last, First, Middle Initial)

A. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159513

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243495

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356255

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 13 2013

Transaction ID : A2013-4685072

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RICHARD RAINEY

Mailing Address 4025 SOUTH OLD OAK AVENUE

City State Zip Code
 BOISE ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

CHIEF MEDICAL OFFICER ID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : A2013-4685234

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RAINS

Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City State Zip Code
 Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 12 2013

Transaction ID : A2013-3574669

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574840

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575011

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699755

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927816

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927647

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986458

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103934

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159657

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243639

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2013			

Transaction ID : A2013-4356398

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2013			

Transaction ID : A2013-4685212

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2013			

Transaction ID : A2013-4685375

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 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. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103783

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159506

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243488

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356248

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685065

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROSEMARY REEVE

Mailing Address 753 DOUGLAS STREET

City State Zip Code
 SALT LAKE CITY UT 84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR SR ASSOC GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685227

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103935

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159658

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243640

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 OF 420

(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2013			

Transaction ID : A2013-4356399

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2013			

Transaction ID : A2013-4685213

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PETER ROOME

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2013			

Transaction ID : A2013-4685376

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 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. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103937

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159660

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243642

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356401

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685215

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ALETHEA SABIA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685378

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City	State	Zip Code
MEDFORD	OR	97501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2013					

Transaction ID : A2013-4103848

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City	State	Zip Code
MEDFORD	OR	97501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2013					

Transaction ID : A2013-4159571

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City	State	Zip Code
MEDFORD	OR	97501

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2013					

Transaction ID : A2013-4243553

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City

MEDFORD

State

OR

Zip Code

97501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356313

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City

MEDFORD

State

OR

Zip Code

97501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685128

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RACHEL SCHLEPP

Mailing Address 299 WREN COURT

City

MEDFORD

State

OR

Zip Code

97501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR MEDPLUS SYSTEM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685291

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City State Zip Code
 SEATTLE WA 98118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A2013-4103784

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City State Zip Code
 SEATTLE WA 98118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : A2013-4159507

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City State Zip Code
 SEATTLE WA 98118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : A2013-4243489

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

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ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City	State	Zip Code
SEATTLE	WA	98118

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356249

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City	State	Zip Code
SEATTLE	WA	98118

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685066

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN SHANNON

Mailing Address 7318 SEWARD PARK AVE S

City	State	Zip Code
SEATTLE	WA	98118

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR CENTRAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685228

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 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)

A. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103938

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159661

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243643

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356402

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685216

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GREGG SHIBATA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685379

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574674

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574845

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575016

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699760

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927821

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927652

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 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)

A. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986463

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103939

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159662

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243644

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356403

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685217

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685380

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574556

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574727

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574898

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699643

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927704

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 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. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927536

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986347

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City State Zip Code
BEAVERTON OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103823

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159546

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243528

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356288

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City	State	Zip Code
BEAVERTON	OR	97008

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685105

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City	State	Zip Code
BEAVERTON	OR	97008

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685267

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. LEVI SMITHMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103940

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. LEVI SMITH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159663

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LEVI SMITH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243645

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LEVI SMITH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356404

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. LEVI SMITH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685218

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LEVI SMITH

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685381

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City State Zip Code
MERCER ISLAND WA 98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574527

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 345 OF 420

☒ 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)

A. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City State Zip Code
 MERCER ISLAND WA 98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : A2013-3574698

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City State Zip Code
 MERCER ISLAND WA 98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : A2013-3574869

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City State Zip Code
 MERCER ISLAND WA 98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 23 / 2013

Transaction ID : A2013-3699614

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 346 OF 420

☒ 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)

A. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927675

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927507

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986318

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 347 OF 420
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City	State	Zip Code
MERCER ISLAND	WA	98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103795

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City	State	Zip Code
MERCER ISLAND	WA	98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159518

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City	State	Zip Code
MERCER ISLAND	WA	98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243500

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2013			

Transaction ID : A2013-4356260

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2013			

Transaction ID : A2013-4685077

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DAVID SNODGRASS

Mailing Address 8384 SE 50TH PLACE

City

MERCER ISLAND

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR (PRESIDENT) HMA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2013			

Transaction ID : A2013-4685239

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574676

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574847

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575018

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699762

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927823

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927654

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986465

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103941

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159664

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243646

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356405

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685219

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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)

A. GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685382

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103895

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159618

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 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)

A. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243600

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356360

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685175

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 355 OF 420

☒ 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)

A. TODD SPROUSE

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2013

Transaction ID : A2013-4685338

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARK STIMPSON

Mailing Address 10889 S 85 E

City State Zip Code
 SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 12 2013

Transaction ID : A2013-3574535

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MARK STIMPSON

Mailing Address 10889 S 85 E

City State Zip Code
 SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 26 2013

Transaction ID : A2013-3574706

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 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)

A. MARK STIMPSON

Mailing Address 10889 S 85 E

City State Zip Code
SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574877

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. MARK STIMPSON

Mailing Address 10889 S 85 E

City State Zip Code
SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699622

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MARK STIMPSON

Mailing Address 10889 S 85 E

City State Zip Code
SANDY UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927683

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927515

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986326

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103802

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159525

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243507

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356267

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685084

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. MARK STIMPSON

Mailing Address 10889 S 85 E

City
SANDY

State Zip Code
UT 84070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685246

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574677

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574848

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575019

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699763

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 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. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927824

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927655

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986466

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 362 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL STOCKWELLMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2013					

Transaction ID : A2013-4103942

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL STOCKWELLMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2013					

Transaction ID : A2013-4159665

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL STOCKWELLMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			15			2013					

Transaction ID : A2013-4243647

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356406

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685220

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685383

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574516

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574687

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574858

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699603

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927665

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927498

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986309

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103786

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159509

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 367 OF 420

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243491

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356251

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685068

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City
VASHON

State Zip Code
WA 98070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685230

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574577

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574748

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699664

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927725

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 370 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTONState Zip Code
OR 97008FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927557

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTONState Zip Code
OR 97008FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986368

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTONState Zip Code
OR 97008FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103844

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159567

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243549

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356309

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685125

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685288

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103862

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159585

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243567

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356327

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHARLENE THOMASON

Mailing Address 1718 CEDAR AVE

City
LEWISTON

State Zip Code
ID 83501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR SALE OPERATIONS RBSI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685305

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GLENNA TOLEDO

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103943

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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)

A. GLENNA TOLEDO

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159666

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GLENNA TOLEDO

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243648

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GLENNA TOLEDO

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356407

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. GLENNA TOLEDOMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685221

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GLENNA TOLEDOMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685384

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City	State	Zip Code
BOISE	ID	83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103832

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 420

(check only one)

☒ 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)

A. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City
BOISE

State Zip Code
ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159555

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City
BOISE

State Zip Code
ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243537

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City
BOISE

State Zip Code
ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356297

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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)

A. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City
BOISE

State Zip Code
ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685114

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JAMES TOY III

Mailing Address 1523 E SEASIDE CT

City
BOISE

State Zip Code
ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

UNDERWRITER LD LARGE GROUPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685276

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JACOB TURLEY

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City
Portland

State Zip Code
OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103944

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. JACOB TURLEY

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159667

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JACOB TURLEY

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243649

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JACOB TURLEY

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356408

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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FOR LINE NUMBER: PAGE 380 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JACOB TURLEY
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685222

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JACOB TURLEY
 Mailing Address 200 SW Market Street
 PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685385

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City	State	Zip Code
PORTLAND	OR	97223

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103824

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 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)

A. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City
PORTLAND

State Zip Code
OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159547

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City
PORTLAND

State Zip Code
OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243529

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City
PORTLAND

State Zip Code
OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356289

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 382 OF 420

☒ 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)

A. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City
PORTLAND

State Zip Code
OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685106

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LORI L UREN

Mailing Address 6845 SW ALDEN ST

City
PORTLAND

State Zip Code
OR 97223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685268

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City
PORTLAND

State Zip Code
OR 97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574585

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574756

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574927

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699672

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 384 OF 420
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

A. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927733

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : A2013-3927565

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986376

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 385 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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A. NICHOLAS VAN VLEET

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City

PORTLAND

State

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Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2013			

Transaction ID : A2013-4103852

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

Transaction ID : A2013-4159575

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : A2013-4243557

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 386 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mailing Address 7034 SE 34TH AVE

City

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Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356317

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685132

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS VAN VLEET

Mailing Address 7034 SE 34TH AVE

City

PORTLAND

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR FIN ACCTG & REPORTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685295

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 387 OF 420

☒ 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)

A. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 18 / 2013

Transaction ID : A2013-4103819

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159542

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243524

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 388 OF 420

☒ 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. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356284

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685101

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DAVID VANDERWARKER

Mailing Address 1870 E. RICH WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR UNDERWRITING UTAH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685263

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 389 OF 420

☒ 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. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : A2013-3574680

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574851

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3575022

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 390 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699766

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2013

Transaction ID : A2013-3927827

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927658

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986469

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103945

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159668

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 392 OF 420

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243650

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2013

Transaction ID : A2013-4356409

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. UDAYA VANGURI

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685223

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. UDAYA VANGURIMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685386

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. PATRICK WALLER

Mailing Address P O BOX 318

City	State	Zip Code
LEWISTON	ID	83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : A2013-3699626

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. PATRICK WALLER

Mailing Address P O BOX 318

City	State	Zip Code
LEWISTON	ID	83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : A2013-3927687

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

39.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927519

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986330

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
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)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

264.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159529

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243511

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. PATRICK WALLER

Mailing Address P O BOX 318

City

LEWISTON

State

ID

Zip Code

83501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356271

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)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. PATRICK WALLER

Mailing Address P O BOX 318

City
LEWISTONState
ID Zip Code
83501FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685088

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. PATRICK WALLER

Mailing Address P O BOX 318

City
LEWISTONState
ID Zip Code
83501FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

DIR INTERNAL APPS DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685250

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12ACity
PortlandState
OR Zip Code
97207FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103946

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

34.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 420

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159669

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : A2013-4243651

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2013

Transaction ID : A2013-4356410

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : A2013-4685224

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JANIS WASHBURNMailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685387

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City	State	Zip Code
WILSONVILLE	OR	97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574578

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 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. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2013

Transaction ID : A2013-3574749

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : A2013-3574920

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2013

Transaction ID : A2013-3699665

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927726

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927558

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : A2013-3986369

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 OF 420
(check only one)

☒ 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)

A. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City State Zip Code
 WILSONVILLE OR 97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 18 2013

Transaction ID : A2013-4103845

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City State Zip Code
 WILSONVILLE OR 97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 01 2013

Transaction ID : A2013-4159568

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City State Zip Code
 WILSONVILLE OR 97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 15 2013

Transaction ID : A2013-4243550

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 402 OF 420

☒ 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)

A. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356310

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685126

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ANJIE WATTON

Mailing Address 6609 SW LANDOVER DR

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685289

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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)

A. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103897

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : A2013-4159620

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : A2013-4243602

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356362

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685177

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHERYL WEAVER

Mailing Address 2890 East Cottonwood Parkway

City State Zip Code
 Salt Lake City UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 27 / 2013

Transaction ID : A2013-4685340

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 12 / 2013

Transaction ID : A2013-3574600

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 26 / 2013

Transaction ID : A2013-3574771

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

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

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3574942

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699687

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927748

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 20 / 2013

Transaction ID : A2013-3927579

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City
PORTLANDState Zip Code
OR 97225FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : A2013-3986390

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City
PORTLANDState Zip Code
OR 97225FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : A2013-4103866

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City
PORTLANDState Zip Code
OR 97225FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : A2013-4159589

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243571

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356331

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 13 / 2013

Transaction ID : A2013-4685146

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

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SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. MELANIE WESTRICK

Mailing Address 6750 SW DOVER ST

City
PORTLANDState Zip Code
OR 97225FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

ASST DIR HEALTH CARE SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : A2013-4685309

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DONALD WILHELMMailing Address 200 SW Market Street
PO BOX 1271 M/SE12ACity
PortlandState Zip Code
OR 97207FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : A2013-3574682

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD WILHELMMailing Address 200 SW Market Street
PO BOX 1271 M/SE12ACity
PortlandState Zip Code
OR 97207FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : A2013-3574853

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 09 / 2013

Transaction ID : A2013-3575024

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

Transaction ID : A2013-3699768

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 06 / 2013

Transaction ID : A2013-3927829

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2013

Transaction ID : A2013-3927660

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : A2013-3986471

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103947

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159670

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243652

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356411

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : A2013-4685225

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City State Zip Code
Portland OR 97207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : A2013-4685388

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CAROLYN YASUI

Mailing Address 13733 N.E. BEECH CT.

City State Zip Code
PORTLAND OR 97230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cambia Health Solutions Inc.

Occupation

MGR GROUP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A2013-4103846

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 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. CAROLYN YASUI

Mailing Address 13733 N.E. BEECH CT.

City
PORTLAND

State Zip Code
OR 97230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR GROUP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A2013-4159569

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CAROLYN YASUI

Mailing Address 13733 N.E. BEECH CT.

City
PORTLAND

State Zip Code
OR 97230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR GROUP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2013

Transaction ID : A2013-4243551

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CAROLYN YASUI

Mailing Address 13733 N.E. BEECH CT.

City
PORTLAND

State Zip Code
OR 97230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambia Health Solutions Inc.

Occupation
MGR GROUP UNDERWRITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 27 / 2013

Transaction ID : A2013-4356311

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

34725.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. People for Derek Kilmer

Mailing Address PO Box 1574

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

C00514893

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2013

Transaction ID : A2013-10340

Amount of Each Receipt this Period

3000.00

Candidate Refund.

Original date of contribution: 1/1/2013

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. BLUEPAC: Blue Cross Blue Shield Assn PAC

Mailing Address 1310 G Street

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Federal PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2013

Transaction ID : B472142

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jim Risch for U S Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Mailing Address 407 W Jefferson Street

City	State	Zip Code
Boise	ID	83702

Purpose of Disbursement
Contribution

011

Candidate Name

Jim RischCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District:

Transaction ID : B458505

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
Contribution

011

Candidate Name

Charles E SchumerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID : B480981

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Republican National Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

Mailing Address 310 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID : B460977

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rob Bishop For Congress

Mailing Address P.O. Box 1776

City	State	Zip Code
Brigham City	UT	84302

Purpose of Disbursement
Contribution

011

Candidate Name

Rob BishopCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : B460605

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
Contribution

011

Candidate Name

Jason ChaffetzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : B460606

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Matheson for Congress

Mailing Address P O Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement
Contribution

011

Candidate Name

Jim MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : B432793

Amount of Each Disbursement this Period

-1500.00

Voided check: Reported on 8/2/2012

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. People for Derek Kilmer

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement
Contribution

011

Candidate Name

Derek KilmerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2013

Transaction ID : B470389

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City	State	Zip Code
Everett	WA	98206

Purpose of Disbursement
Contribution

011

Candidate Name

Rick LarsenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

Transaction ID : B471424

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507

Purpose of Disbursement
Contribution

011

Candidate Name

Dennis HeckCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2013

Transaction ID : B474915

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cambia Health Solutions Inc. PAC

Full Name (Last, First, Middle Initial)

A. Adam Smith for Congress Committee

Mailing Address PO Box 23626

City	State	Zip Code
Federal Way	WA	98093

Purpose of Disbursement
Contribution

011

Candidate Name

Adam SmithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : B475034

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Puget PAC

Mailing Address 410 1st Street, SE, Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2013

Transaction ID : B481718

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

18000.00
