

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Smith

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / 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: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

M M / 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: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

4000.00

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

18000.00