

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

PAGE 161 OF 204

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

A. SMITH, DARA, , ,

Mailing Address 100 SW Market

City
PortlandState
ORZip Code
97201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cambia Health Solutions Inc.Occupation (for Individual)
DIR GOV PRO SALES AND PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 20 | / | 2019 |

Transaction ID : A2019-3119015

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

B. SMITH, LEVI, , ,

Mailing Address 2890 E Cottonwood Pkwy.

City
Salt Lake CityState
UTZip Code
84121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cambia Health Solutions Inc.Occupation (for Individual)
DIR IT OPERATIONS

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 | / | 11 | / | 2019 |

Transaction ID : A2019-2446887

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. SMITH, LEVI, , ,

Mailing Address 2890 E Cottonwood Pkwy.

City
Salt Lake CityState
UTZip Code
84121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cambia Health Solutions Inc.Occupation (for Individual)
DIR IT OPERATIONS

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 |
| 10 | / | 25 | / | 2019 |

Transaction ID : A2019-2479937

Amount of Each Receipt this Period

10.00

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

29.62