

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

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

FOR LINE NUMBER: PAGE 162 OF 204

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

**A. SMITH, LEVI, , ,**

Mailing Address 2890 E Cottonwood Pkwy.

City  
Salt Lake City

State  
UT

Zip Code  
84121

FEC 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2019

**Transaction ID : A2019-2697938**

Amount of Each Receipt this Period

10.00

☐ 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 City

State  
UT

Zip Code  
84121

FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : A2019-2714166**

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 City

State  
UT

Zip Code  
84121

FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : A2019-2972602**

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)..... ►

30.00