

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 Portland OR 97207-1271

2. FEC IDENTIFICATION NUMBER C C00252684 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robbins, Sean M., , , Type or Print Name of Treasurer

Signature of Treasurer Robbins, Sean M., , , [Electronically Filed] Date 07 / 21 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="36087.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36087.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23470.79"/>	<input type="text" value="23470.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59558.72"/>	<input type="text" value="59558.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11318.18"/>	<input type="text" value="11318.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48240.54"/>	<input type="text" value="48240.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 05/2016)

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	10955.00	10955.00
(ii) Unitemized	12515.79	12515.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23470.79	23470.79
(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)	23470.79	23470.79
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.....	0.00	0.00
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)).....▶	23470.79	23470.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23470.79	23470.79

DETAILED SUMMARY PAGE
of Disbursements

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	118.18	118.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	118.18	118.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11200.00	11200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	11318.18	11318.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11318.18	11318.18

DETAILED SUMMARY PAGE
of Disbursements

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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)	23470.79	23470.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23470.79	23470.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118.18	118.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	118.18	118.18

**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 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : A2017-474281
 Amount of Each Receipt this Period 30.00
 Memo Item

B. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-578216
 Amount of Each Receipt this Period 30.00
 Memo Item

C. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703437
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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: (check only one)	PAGE 8 OF 80
	<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

A. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2017
Transaction ID : A2017-987811

Amount of Each Receipt this Period 30.00

Memo Item

B. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1089021

Amount of Each Receipt this Period 30.00

Memo Item

C. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311796

Amount of Each Receipt this Period 30.00

Memo Item

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 9 OF 80
	<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

A. ANDERSON, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311238
 Amount of Each Receipt this Period 30.00
 Memo Item

B. BAKER, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1089023
 Amount of Each Receipt this Period 20.00
 Memo Item

C. BAKER, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311798
 Amount of Each Receipt this Period 20.00
 Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 80
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. BAKER, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311240
 Amount of Each Receipt this Period 20.00
 Memo Item

B. BELL, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 30th Ave
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager for Network Reimbursemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474285
 Amount of Each Receipt this Period 30.00
 Memo Item

C. BELL, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 30th Ave
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager for Network Reimbursemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578219
 Amount of Each Receipt this Period 30.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. BELL, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 30th Ave
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager for Network Reimburse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703440
 Amount of Each Receipt this Period **30.00**
 Memo Item

B. BELL, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 30th Ave
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager for Network Reimburse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987814
 Amount of Each Receipt this Period **30.00**
 Memo Item

C. BELL, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 30th Ave
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager for Network Reimburse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1089024
 Amount of Each Receipt this Period **30.00**
 Memo Item

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 12 OF 80
	<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

A. BELL, NICOLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1410 30th Ave

City Seattle	State WA	Zip Code 98122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager for Network Reimburse
---	--

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
06	/	09	/	2017

Transaction ID : A2017-1311799

Amount of Each Receipt this Period
30.00

Memo Item

B. BELL, NICOLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1410 30th Ave

City Seattle	State WA	Zip Code 98122
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager for Network Reimburse
---	--

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
06	/	23	/	2017

Transaction ID : A2017-1311241

Amount of Each Receipt this Period
30.00

Memo Item

C. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 EAST 2300 SOUTH

City BOUNTIFUL	State UT	Zip Code 84010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
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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
03	/	03	/	2017

Transaction ID : A2017-302097

Amount of Each Receipt this Period
50.00

Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 80
<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

A. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 EAST 2300 SOUTH

City BOUNTIFUL	State UT	Zip Code 84010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

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
03	/	17	/	2017

Transaction ID : A2017-445802

Amount of Each Receipt this Period
50.00

Memo Item

B. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

Transaction ID : A2017-474293

Amount of Each Receipt this Period
50.00

Memo Item

C. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

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
04	/	14	/	2017

Transaction ID : A2017-578227

Amount of Each Receipt this Period
50.00

Memo Item

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 14 OF 80
	<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

A. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

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
04	/	28	/	2017

Transaction ID : A2017-703448

Amount of Each Receipt this Period
50.00

Memo Item

B. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

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
05	/	12	/	2017

Transaction ID : A2017-987822

Amount of Each Receipt this Period
50.00

Memo Item

C. CANNADAY, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
---	--

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
05	/	26	/	2017

Transaction ID : A2017-1089032

Amount of Each Receipt this Period
50.00

Memo Item

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 15 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. CANNADAY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311732
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CANNADAY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR LGSLTV REGLTORY AFFRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311249
 Amount of Each Receipt this Period 50.00
 Memo Item

C. COITEUX, APRIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1089030
 Amount of Each Receipt this Period 20.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. COITEUX, APRIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311730

Amount of Each Receipt this Period 20.00

Memo Item

B. COITEUX, APRIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311247

Amount of Each Receipt this Period 20.00

Memo Item

C. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A2017-302096

Amount of Each Receipt this Period 50.00

Memo Item

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 17 OF 80
	<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

A. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2017**
Transaction ID : A2017-445801
 Amount of Each Receipt this Period 50.00
 Memo Item

B. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : A2017-474292
 Amount of Each Receipt this Period 50.00
 Memo Item

C. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-578226
 Amount of Each Receipt this Period 50.00
 Memo Item

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 18 OF 80
	<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

A. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703447
 Amount of Each Receipt this Period 50.00
 Memo Item

B. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987821
 Amount of Each Receipt this Period 50.00
 Memo Item

C. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1089031
 Amount of Each Receipt this Period 50.00
 Memo Item

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 19 OF 80
<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

A. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311731
 Amount of Each Receipt this Period 50.00
 Memo Item

B. COPPEDGE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311248
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474200
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 20 OF 80
	<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

A. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-578229
 Amount of Each Receipt this Period 30.00
 Memo Item

B. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703450
 Amount of Each Receipt this Period 30.00
 Memo Item

C. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987824
 Amount of Each Receipt this Period 30.00
 Memo Item

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 21 OF 80
	<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

A. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1089034

Amount of Each Receipt this Period 30.00

Memo Item

B. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311734

Amount of Each Receipt this Period 30.00

Memo Item

C. DEL VILLAR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311251

Amount of Each Receipt this Period 30.00

Memo Item

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 22 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2017

Transaction ID : A2017-246977

Amount of Each Receipt this Period
115.00

Memo Item

B. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : A2017-247072

Amount of Each Receipt this Period
115.00

Memo Item

C. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
460.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2017

Transaction ID : A2017-247671

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 80
<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

A. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

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
03	/	03	/	2017

Transaction ID : A2017-302107

Amount of Each Receipt this Period
115.00

Memo Item

B. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

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
03	/	17	/	2017

Transaction ID : A2017-445812

Amount of Each Receipt this Period
115.00

Memo Item

C. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

Transaction ID : A2017-474208

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 24 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

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
04		14		2017

Transaction ID : A2017-578237

Amount of Each Receipt this Period
115.00

Memo Item

B. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-703458

Amount of Each Receipt this Period
115.00

Memo Item

C. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

Transaction ID : A2017-987832

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 25 OF 80
	<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

A. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A2017-1089042

Amount of Each Receipt this Period
115.00

Memo Item

B. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : A2017-1311742

Amount of Each Receipt this Period
115.00

Memo Item

C. GANZ, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2715 SW MAYFIELD AVE

City PORTLAND	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) PRESIDENT & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Transaction ID : A2017-1311259

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 26 OF 80
<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

A. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 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
 03 / 03 / 2017
Transaction ID : A2017-302109
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 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
 03 / 17 / 2017
Transaction ID : A2017-445814
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2017
Transaction ID : A2017-474210
 Amount of Each Receipt this Period 50.00
 Memo Item

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 27 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-578239
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703460
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987834
 Amount of Each Receipt this Period 50.00
 Memo Item

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 28 OF 80
<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

A. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1089044
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311744
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GASPAR, STEVEN, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP & CHIEF ACTUARIAL OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311261
 Amount of Each Receipt this Period 50.00
 Memo Item

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:	PAGE 29 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. HAGLE, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 RICHARDSON AVE
 City LEWISTON State ID Zip Code 83501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR INDIVIDUAL MBRSHP ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1088997
 Amount of Each Receipt this Period 20.00
 Memo Item

B. HAGLE, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 RICHARDSON AVE
 City LEWISTON State ID Zip Code 83501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR INDIVIDUAL MBRSHP ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311789
 Amount of Each Receipt this Period 20.00
 Memo Item

C. HAGLE, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 RICHARDSON AVE
 City LEWISTON State ID Zip Code 83501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR INDIVIDUAL MBRSHP ACCTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311306
 Amount of Each Receipt this Period 20.00
 Memo Item

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 30 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 03 / 17 / 2017
Transaction ID : A2017-445818
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 03 / 31 / 2017
Transaction ID : A2017-474214
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 04 / 14 / 2017
Transaction ID : A2017-578243
 Amount of Each Receipt this Period
 40.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703464
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987838
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1088956
 Amount of Each Receipt this Period 40.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311748
 Amount of Each Receipt this Period 40.00
 Memo Item

B. HANSEN, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311265
 Amount of Each Receipt this Period 40.00
 Memo Item

C. HOLT, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1088965
 Amount of Each Receipt this Period 20.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 80
	<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

A. HOLT, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311757

Amount of Each Receipt this Period 20.00

Memo Item

B. HOLT, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311274

Amount of Each Receipt this Period 20.00

Memo Item

C. HYDE, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR NEW SALES GB

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474228

Amount of Each Receipt this Period 30.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. HYDE, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR NEW SALES GB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578257
 Amount of Each Receipt this Period 30.00
 Memo Item

B. HYDE, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR NEW SALES GB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-703477
 Amount of Each Receipt this Period 30.00
 Memo Item

C. HYDE, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) MGR NEW SALES GB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2017
Transaction ID : A2017-987851
 Amount of Each Receipt this Period 30.00
 Memo Item

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 35 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. HYDE, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR NEW SALES GB
---	---

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
05		26		2017

Transaction ID : A2017-1088969

Amount of Each Receipt this Period
30.00

Memo Item

B. HYDE, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR NEW SALES GB
---	---

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
06		09		2017

Transaction ID : A2017-1311761

Amount of Each Receipt this Period
30.00

Memo Item

C. HYDE, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2008 N JUSTIN WAY

City MERIDIAN	State ID	Zip Code 83642-8040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR NEW SALES GB
---	---

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
06		23		2017

Transaction ID : A2017-1311278

Amount of Each Receipt this Period
30.00

Memo Item

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 36 OF 80
<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
02	/	03	/	2017

Transaction ID : A2017-247098

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
02	/	17	/	2017

Transaction ID : A2017-247697

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
03	/	03	/	2017

Transaction ID : A2017-302133

Amount of Each Receipt this Period
75.00

Memo Item

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)	PAGE 37 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
03	/	17	/	2017

Transaction ID : A2017-445838

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
03	/	31	/	2017

Transaction ID : A2017-474234

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
04	/	14	/	2017

Transaction ID : A2017-578263

Amount of Each Receipt this Period
75.00

Memo Item

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:	PAGE 38 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-703483

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

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
05		12		2017

Transaction ID : A2017-987857

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KREILING, SCOTT, D, ,

Mailing Address 6638 57TH AVENUE NE

City SEATTLE	State WA	Zip Code 98115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR SALES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A2017-1088975

Amount of Each Receipt this Period
75.00

Memo Item

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)	PAGE 39 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. KREILING, SCOTT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6638 57TH AVENUE NE
 City SEATTLE State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR SALES
 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
 06 / 09 / 2017
Transaction ID : A2017-1311767
 Amount of Each Receipt this Period 75.00
 Memo Item

B. KREILING, SCOTT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6638 57TH AVENUE NE
 City SEATTLE State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : A2017-1311284
 Amount of Each Receipt this Period 75.00
 Memo Item

C. LUCAS, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) 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
 03 / 31 / 2017
Transaction ID : A2017-474238
 Amount of Each Receipt this Period 30.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 40 OF 80
	<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

A. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
04	/	14	/	2017

Transaction ID : A2017-578266

Amount of Each Receipt this Period
30.00

Memo Item

B. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
04	/	28	/	2017

Transaction ID : A2017-703486

Amount of Each Receipt this Period
30.00

Memo Item

C. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
05	/	12	/	2017

Transaction ID : A2017-987860

Amount of Each Receipt this Period
30.00

Memo Item

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 41 OF 80
	<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

A. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
05		26		2017

Transaction ID : A2017-1088978

Amount of Each Receipt this Period
30.00

Memo Item

B. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
06		09		2017

Transaction ID : A2017-1311770

Amount of Each Receipt this Period
30.00

Memo Item

C. LUCAS, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
06		23		2017

Transaction ID : A2017-1311287

Amount of Each Receipt this Period
30.00

Memo Item

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 42 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. MURPHY, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) ASSOCIATE GENERAL COUNSEL II
 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
 04 / 28 / 2017
Transaction ID : A2017-703491
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. MURPHY, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) ASSOCIATE GENERAL COUNSEL II
 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
 05 / 12 / 2017
Transaction ID : A2017-987773
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. MURPHY, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2017
Transaction ID : A2017-1088983
 Amount of Each Receipt this Period
 25.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 43 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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

A. MURPHY, LISA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) ASSOCIATE GENERAL COUNSEL II
---	---

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
06		09		2017

Transaction ID : A2017-1311775

Amount of Each Receipt this Period
25.00

Memo Item

B. MURPHY, LISA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) ASSOCIATE GENERAL COUNSEL II
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Transaction ID : A2017-1311292

Amount of Each Receipt this Period
25.00

Memo Item

C. OVER, ANDREW, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
04		28		2017

Transaction ID : A2017-703494

Amount of Each Receipt this Period
25.00

Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 44 OF 80
	<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

A. OVER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987776
 Amount of Each Receipt this Period 25.00
 Memo Item

B. OVER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1088986
 Amount of Each Receipt this Period 25.00
 Memo Item

C. OVER, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 09 / 2017**
Transaction ID : A2017-1311778
 Amount of Each Receipt this Period 25.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. OVER, ANDREW, , ,		Date of Receipt MM / DD / YYYY 06 / 23 / 2017 Transaction ID : A2017-1311295
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		Amount of Each Receipt this Period 25.00
City Portland	State OR	Zip Code 97207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PANKEY, DAVID, M, ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2017 Transaction ID : A2017-474247
Mailing Address 108 MARINE VIEW COURT		Amount of Each Receipt this Period 30.00
City LEWISTON	State ID	Zip Code 83501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR UNDERWRITING IDAHO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PANKEY, DAVID, M, ,		Date of Receipt MM / DD / YYYY 04 / 14 / 2017 Transaction ID : A2017-578275
Mailing Address 108 MARINE VIEW COURT		Amount of Each Receipt this Period 30.00
City LEWISTON	State ID	Zip Code 83501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR UNDERWRITING IDAHO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	85.00
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 46 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. PANKEY, DAVID, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR UNDERWRITING IDAHO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703495
 Amount of Each Receipt this Period 30.00
 Memo Item

B. PANKEY, DAVID, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR UNDERWRITING IDAHO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987777
 Amount of Each Receipt this Period 30.00
 Memo Item

C. PANKEY, DAVID, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR UNDERWRITING IDAHO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1088987
 Amount of Each Receipt this Period 30.00
 Memo Item

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 47 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. PANKEY, DAVID, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR UNDERWRITING IDAHO
---	---

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
06		09		2017

Transaction ID : A2017-1311779

Amount of Each Receipt this Period
30.00

Memo Item

B. PANKEY, DAVID, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) DIR UNDERWRITING IDAHO
---	---

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
06		23		2017

Transaction ID : A2017-1311296

Amount of Each Receipt this Period
30.00

Memo Item

C. PETTIGREW, ERIC, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2890 East Cottonwood Parkway

City Salt Lake City	State ID 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) 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
02		03		2017

Transaction ID : A2017-247112

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 48 OF 80
<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

A. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : A2017-247711
 Amount of Each Receipt this Period 100.00
 Memo Item

B. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 03 / 2017**
Transaction ID : A2017-302147
 Amount of Each Receipt this Period 100.00
 Memo Item

C. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 17 / 2017**
Transaction ID : A2017-445852
 Amount of Each Receipt this Period 100.00
 Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
<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

A. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474248
 Amount of Each Receipt this Period 100.00
 Memo Item

B. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578276
 Amount of Each Receipt this Period 100.00
 Memo Item

C. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-703496
 Amount of Each Receipt this Period 100.00
 Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 80
<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

A. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987778
 Amount of Each Receipt this Period 100.00
 Memo Item

B. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1088988
 Amount of Each Receipt this Period 100.00
 Memo Item

C. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **06 / 09 / 2017**
Transaction ID : A2017-1311780
 Amount of Each Receipt this Period 100.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 80
	<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

A. PETTIGREW, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 23 / 2017**
Transaction ID : A2017-1311297
 Amount of Each Receipt this Period 100.00
 Memo Item

B. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 03 / 2017**
Transaction ID : A2017-302150
 Amount of Each Receipt this Period 50.00
 Memo Item

C. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 17 / 2017**
Transaction ID : A2017-445855
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 52 OF 80
	<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

A. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474251
 Amount of Each Receipt this Period 50.00
 Memo Item

B. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578279
 Amount of Each Receipt this Period 50.00
 Memo Item

C. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-703499
 Amount of Each Receipt this Period 50.00
 Memo Item

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 53 OF 80
	<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

A. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017
Transaction ID : A2017-987781
 Amount of Each Receipt this Period 50.00
 Memo Item

B. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1088991
 Amount of Each Receipt this Period 50.00
 Memo Item

C. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311783
 Amount of Each Receipt this Period 50.00
 Memo Item

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 54 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. POWERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 23 / 2017**
Transaction ID : A2017-1311300
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PRICE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **02 / 03 / 2017**
Transaction ID : A2017-247117
 Amount of Each Receipt this Period 75.00
 Memo Item

C. PRICE, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : A2017-247716
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 55 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager
---	--

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
03	/	03	/	2017

Transaction ID : A2017-302152

Amount of Each Receipt this Period
75.00

Memo Item

B. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
03	/	17	/	2017

Transaction ID : A2017-445857

Amount of Each Receipt this Period
75.00

Memo Item

C. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
03	/	31	/	2017

Transaction ID : A2017-474253

Amount of Each Receipt this Period
75.00

Memo Item

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)	PAGE 56 OF 80
<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

A. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
04		14		2017

Transaction ID : A2017-578281

Amount of Each Receipt this Period
75.00

Memo Item

B. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-703501

Amount of Each Receipt this Period
75.00

Memo Item

C. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
05		12		2017

Transaction ID : A2017-987783

Amount of Each Receipt this Period
75.00

Memo Item

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)	PAGE 57 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

Transaction ID : A2017-1088993

Amount of Each Receipt this Period
75.00

Memo Item

B. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) 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
06		09		2017

Transaction ID : A2017-1311785

Amount of Each Receipt this Period
75.00

Memo Item

C. PRICE, VINCENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Transaction ID : A2017-1311302

Amount of Each Receipt this Period
75.00

Memo Item

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)	PAGE 58 OF 80
<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

A. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A2017-302153
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2017
Transaction ID : A2017-445858
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474254
 Amount of Each Receipt this Period 50.00
 Memo Item

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 59 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578282
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-703502
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017
Transaction ID : A2017-987784
 Amount of Each Receipt this Period 50.00
 Memo Item

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 60 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 26 / 2017
Transaction ID : A2017-1088994
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311786
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PRIEST, SHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311303
 Amount of Each Receipt this Period 50.00
 Memo Item

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 61 OF 80
	<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

A. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **02 / 03 / 2017**
Transaction ID : A2017-247125
 Amount of Each Receipt this Period 75.00
 Memo Item

B. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : A2017-247724
 Amount of Each Receipt this Period 75.00
 Memo Item

C. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **03 / 03 / 2017**
Transaction ID : A2017-302160
 Amount of Each Receipt this Period 75.00
 Memo Item

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)	PAGE 62 OF 80
	<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

A. SHORT, JARED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 17 / 2017
Transaction ID : A2017-445865

Amount of Each Receipt this Period 75.00

Memo Item

B. SHORT, JARED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474261

Amount of Each Receipt this Period 75.00

Memo Item

C. SHORT, JARED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578289

Amount of Each Receipt this Period 75.00

Memo Item

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)	PAGE 63 OF 80
	<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

A. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703509
 Amount of Each Receipt this Period 75.00
 Memo Item

B. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987791
 Amount of Each Receipt this Period 75.00
 Memo Item

C. SHORT, JARED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1089001
 Amount of Each Receipt this Period 75.00
 Memo Item

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)	PAGE 64 OF 80
	<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

A. SHORT, JARED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311793

Amount of Each Receipt this Period 75.00

Memo Item

B. SHORT, JARED, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311310

Amount of Each Receipt this Period 75.00

Memo Item

C. SIMPSON, STACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12780 SW REMUDO LANE

City BEAVERTON State OR Zip Code 97008

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A2017-302161

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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 65 OF 80
	<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

A. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2017
Transaction ID : A2017-445866
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474262
 Amount of Each Receipt this Period 50.00
 Memo Item

C. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578290
 Amount of Each Receipt this Period 50.00
 Memo Item

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 66 OF 80
<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

A. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-703510
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : A2017-987792
 Amount of Each Receipt this Period 50.00
 Memo Item

C. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1089002
 Amount of Each Receipt this Period 50.00
 Memo Item

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 67 OF 80
<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

A. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 09 / 2017**
Transaction ID : A2017-1311794
 Amount of Each Receipt this Period 50.00
 Memo Item

B. SIMPSON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12780 SW REMUDO LANE
 City BEAVERTON State OR Zip Code 97008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) DIR INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 23 / 2017**
Transaction ID : A2017-1311311
 Amount of Each Receipt this Period 50.00
 Memo Item

C. SPOKES, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : A2017-1089005
 Amount of Each Receipt this Period 20.00
 Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 80
<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

A. SPOKES, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017
Transaction ID : A2017-1311807
 Amount of Each Receipt this Period 20.00
 Memo Item

B. SPOKES, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017
Transaction ID : A2017-1311314
 Amount of Each Receipt this Period 20.00
 Memo Item

C. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 17 / 2017
Transaction ID : A2017-247730
 Amount of Each Receipt this Period 60.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 03 / 03 / 2017
Transaction ID : A2017-302166
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 03 / 17 / 2017
Transaction ID : A2017-445871
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 03 / 31 / 2017
Transaction ID : A2017-474267
 Amount of Each Receipt this Period
 60.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 70 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 04 / 14 / 2017
Transaction ID : A2017-578295
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 04 / 28 / 2017
Transaction ID : A2017-703515
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 05 / 12 / 2017
Transaction ID : A2017-987797
 Amount of Each Receipt this Period
 60.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 71 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 05 / 26 / 2017
Transaction ID : A2017-1089007
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 06 / 09 / 2017
Transaction ID : A2017-1311809
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. STIMPSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10889 S 85 E
 City SANDY State UT Zip Code 84070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) VP HUMAN RESOURCES
 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
 06 / 23 / 2017
Transaction ID : A2017-1311316
 Amount of Each Receipt this Period
 60.00
 Memo Item

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	FOR LINE NUMBER: (check only one)	PAGE 72 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. STRIPLIN, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 SW 130TH AVENUE

City BEAVERTON	State OR	Zip Code 97008
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR FIN ACCTG & REPORTING
---	--

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
05		26		2017

Transaction ID : A2017-1089008

Amount of Each Receipt this Period
20.00

Memo Item

B. STRIPLIN, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 SW 130TH AVENUE

City BEAVERTON	State OR	Zip Code 97008
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR FIN ACCTG & REPORTING
---	--

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
06		09		2017

Transaction ID : A2017-1311810

Amount of Each Receipt this Period
20.00

Memo Item

C. STRIPLIN, DANIEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6850 SW 130TH AVENUE

City BEAVERTON	State OR	Zip Code 97008
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) MGR FIN ACCTG & REPORTING
---	--

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
06		23		2017

Transaction ID : A2017-1311317

Amount of Each Receipt this Period
20.00

Memo Item

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 73 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A2017-302170
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2017
Transaction ID : A2017-445875
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2017
Transaction ID : A2017-474271
 Amount of Each Receipt this Period 50.00
 Memo Item

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 74 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-578299
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-703519
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017
Transaction ID : A2017-987801
 Amount of Each Receipt this Period 50.00
 Memo Item

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 75 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) 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
 05 / 26 / 2017
Transaction ID : A2017-1089011
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) 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
 06 / 09 / 2017
Transaction ID : A2017-1311813
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Terhune, Charles, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cambia Health Solutions Inc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2017
Transaction ID : A2017-1311320
 Amount of Each Receipt this Period
 50.00
 Memo Item

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:	PAGE 76 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. WILHELM, DONALD, , ,		Date of Receipt MM / DD / YYYY 05 / 26 / 2017 Transaction ID : A2017-1089019
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WILHELM, DONALD, , ,		Date of Receipt MM / DD / YYYY 06 / 09 / 2017 Transaction ID : A2017-1311729
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WILHELM, DONALD, , ,		Date of Receipt MM / DD / YYYY 06 / 23 / 2017 Transaction ID : A2017-1311328
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		Amount of Each Receipt this Period 20.00
City Portland	State OR	Zip Code 97207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cambia Health Solutions Inc.	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	10955.00

**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"/> 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. McConnell for Majority Leader Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2017

FEC Identification Number

C C00548651

Transaction ID : B646684

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Neal, Richard, E, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2017

FEC Identification Number

C C00226522

Transaction ID : B645788

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name

Stivers, Steve, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2017

FEC Identification Number

C C00441352

Transaction ID : B650076

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

**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"/> 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. New Pioneers PAC		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 213 Ashby Street		FEC Identification Number C00459123 Transaction ID : B641087 Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA	Zip Code 22305
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. New Pioneers PAC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C00459123 Transaction ID : B642485 Amount of Each Disbursement this Period 3500.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Opportunity and Renewal Political Action Committee		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017
Mailing Address PO Box 13757		FEC Identification Number C00460972 Transaction ID : B648553 Amount of Each Disbursement this Period 2500.00
City Portland	State OR	Zip Code 97213
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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. Kurt Schrader for Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Schrader, Kurt, , ,

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 07 / 2017

FEC Identification Number

C C00446906

Transaction ID : B649390
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Walden, Gregory Paul, , ,

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number

C C00333427

Transaction ID : B595581
Amount of Each Disbursement this Period

- 2500.00

Voided: Original check dated 02/29/16

Memo Item

Full Name (Last, First, Middle Initial)
C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Hatch, Orrin, G, ,

Office Sought: House Senate President
State: UT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Convention

Date of Disbursement
MM / DD / YYYY
05 / 23 / 2017

FEC Identification Number

C C00104752

Transaction ID : B648278
Amount of Each Disbursement this Period

2700.00

Memo Item

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

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

1200.00

**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"/> 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. Hatch Election Committee Inc		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address P.O. Box 3986		FEC Identification Number C 000104752 Transaction ID : B634392
City Washington	State DC	Zip Code 20027
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Hatch, Orrin, G, ,		Amount of Each Disbursement this Period - 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Voided: Original check dated 10/27/16
State: UT	District:	

Full Name (Last, First, Middle Initial) B. Jaime for Congress		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address PO Box 1614		FEC Identification Number C 000472704 Transaction ID : B646932
City Ridgefield	State WA	Zip Code 98642
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Herrera Beutler, Jaime, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WA	District: 03	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

- 1500.00
11200.00