

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Cambia Health Solutions Inc. PAC

ADDRESS (number and street) 200 SW Market St.
 (Check if address is changed) PO Box 1271 MS E12C
Portland OR 97207
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) fecinfo@pass1.com

Optional Second E-Mail Address
Alison.Esquea@cambiahealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 12 / 2020

3. FEC IDENTIFICATION NUMBER C C00252684

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Esquea, Alison, , ,

Signature of Treasurer Esquea, Alison, , , [Electronically Filed] Date 10 / 12 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Cambia Health Solutions Inc.

Mailing Address 200 SW Market St.
 PO Box 1271 MS E12C
 Portland OR 97207-1271
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Esquea, Alison, , ,
 Mailing Address 601 13th St NW
 Suite 900 South
 Washington DC 20005
 CITY STATE ZIP CODE
 Title or Position
 Custodian of Records Telephone number 202 886 2722

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Esquea, Alison, , ,
 Mailing Address 601 13th St NW
 Suite 900 South
 Washington DC 20005
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 886 2722

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank NA

[Grid for Wells Fargo Bank NA]

Mailing Address

[Grid for Wells Fargo Mailing Address Line 1: PO Box 63020]

[Grid for Wells Fargo Mailing Address Line 2]

[Grid for Wells Fargo Mailing Address Line 3: San Francisco CA 94163]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for empty bank entry Name]

Mailing Address

[Grid for empty bank entry Mailing Address Line 1]

[Grid for empty bank entry Mailing Address Line 2]

[Grid for empty bank entry Mailing Address Line 3]

CITY

STATE

ZIP CODE

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

Form/Schedule: F1A
Transaction ID :

This amendment is being filed to update the Treasurer, Custodian of Records and PAC e-mail address.

Form/Schedule:
Transaction ID: