

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

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

FOR LINE NUMBER: PAGE 149 OF 1239

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

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

A. Carlson, John, F., ,

Mailing Address 28 Sudbury Way

City  
AvonState  
CTZip Code  
06001-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT GENERAL LIFE INSURANCE COOccupation (for Individual)  
Account Management (Non-IC) Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

Transaction ID : 2019062572110-318

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Carlson, William, C., ,

Mailing Address 900 Cottage Grove Rd

City  
BloomfieldState  
CTZip Code  
06002-2920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT GENERAL LIFE INSURANCE COOccupation (for Individual)  
VP Real Estate Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

Transaction ID : 201902197218-566

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Carlson, William, C., ,

Mailing Address 900 Cottage Grove Rd

City  
BloomfieldState  
CTZip Code  
06002-2920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT GENERAL LIFE INSURANCE COOccupation (for Individual)  
VP Real Estate Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2019

Transaction ID : 201903057218-566

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

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