

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

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<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)

Cigna Corporation Political Action Committee

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

A. Ellingson, Dawn, , ,

Mailing Address 47070 Middle Ridge Rd

City
AmherstState
OHZip Code
44001-2724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Directo

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 Y
03	/	07	/	2019

Transaction ID : 201903057218-19061

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ellingson, Dawn, , ,

Mailing Address 47070 Middle Ridge Rd

City
AmherstState
OHZip Code
44001-2724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Directo

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 Y
03	/	21	/	2019

Transaction ID : 201903197219-19040

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ellingson, Dawn, , ,

Mailing Address 47070 Middle Ridge Rd

City
AmherstState
OHZip Code
44001-2724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Directo

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 Y
04	/	04	/	2019

Transaction ID : 2019040217299-19010

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)..... ►