

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

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

FOR LINE NUMBER: PAGE 458 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. Higgins, Gary, , ,

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Infrastructure Engineering Senior Mana

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  
05 / 02 / 2019

Transaction ID : 2019043073310-16321

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Higgins, Gary, , ,

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Infrastructure Engineering Senior Mana

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  
05 / 16 / 2019

Transaction ID : 201905147299-16261

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Higgins, Gary, , ,

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Infrastructure Engineering Senior Mana

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  
05 / 30 / 2019

Transaction ID : 201905287219-16200

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)..... ►