

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

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

FOR LINE NUMBER: PAGE 558 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. Kelly, Mary, C, ,

Mailing Address 701 Corporate Center Dr

City
RaleighState
NCZip Code
27607-5084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
Application Development Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : 2019062572110-1461

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Kenyon, Matthew, S, ,

Mailing Address 8484 Westpark Dr
Ste 950City
McLeanState
VAZip Code
22102-5147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.Occupation (for Individual)
Sales (IC) Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2019

Transaction ID : 201905287219-12451

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Kenyon, Matthew, S, ,

Mailing Address 8484 Westpark Dr
Ste 950City
McLeanState
VAZip Code
22102-5147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.Occupation (for Individual)
Sales (IC) Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : 201906129139-12403

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

65.00

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