

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 1239

(check only one)

<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. 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 M	D D D	Y Y Y Y Y Y
06	27	2019

Transaction ID : 2019062572110-12357

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Klunkert, Kristinn, K, ,

Mailing Address 2800 North Loop W

City
HoustonState
TXZip Code
77092-8838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.Occupation (for Individual)
Business Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	07	2019

Transaction ID : 2019020571710-25753

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Klunkert, Kristinn, K, ,

Mailing Address 2800 North Loop W

City
HoustonState
TXZip Code
77092-8838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.Occupation (for Individual)
Business Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID : 201902197218-25731

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

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