

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

FOR LINE NUMBER: PAGE 577 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. Krupp, Tara, A, ,

Mailing Address 1487 Kellywood Dr

City
BrentwoodState
TNZip Code
37027-5398FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Operations Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	D D	Y Y Y Y
06	27	2019

Transaction ID : 2019062572110-29625

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Kucharczyk, James, , ,

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)

Cigna Corp.

Occupation (for Individual)

Third Party Management Managing Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M	D D	Y Y Y Y
02	07	2019

Transaction ID : 2019020571710-16436

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Kucharczyk, James, , ,

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)

Cigna Corp.

Occupation (for Individual)

Third Party Management Managing Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M	D D	Y Y Y Y
02	21	2019

Transaction ID : 201902197218-16426

Amount of Each Receipt this Period

80.00

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

285.00

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