

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

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

FOR LINE NUMBER: PAGE 698 OF 1239

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

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

**A. Meester, Marta, , ,**

Mailing Address 3636 Nobel Dr

City  
San DiegoState  
CAZip Code  
92122-1022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cigna HEALTHCARE OF CA, INC.Occupation (for Individual)  
Provider Contracting Director

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 : 201906129139-4859

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Meester, Marta, , ,**

Mailing Address 3636 Nobel Dr

City  
San DiegoState  
CAZip Code  
92122-1022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cigna HEALTHCARE OF CA, INC.Occupation (for Individual)  
Provider Contracting Director

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 / 27 / 2019

Transaction ID : 2019062572110-4843

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Melton, Larry, D, ,**

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)  
Cigna Corp.Occupation (for Individual)  
Business Analytics Managing Director

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  
03 / 07 / 2019

Transaction ID : 201903057218-14683

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

90.00