

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

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

FOR LINE NUMBER: PAGE 816 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. Parsons, Mark, A, ,

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)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
SVP Audit Reinsurance & COLI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2019

Transaction ID : 2019043073310-348

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

B. Parsons, Mark, A, ,

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)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
SVP Audit Reinsurance & COLI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2019

Transaction ID : 201905147299-348

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

C. Parsons, Mark, A, ,

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)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
SVP Audit Reinsurance & COLI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

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

Transaction ID : 201905287219-347

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

576.00

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