

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1026 OF 1239

☒ 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. Staples, David, J, ,**

Mailing Address 530 Great Circle Rd

City  
Nashville

State  
TN

Zip Code  
37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2019

**Transaction ID : 201905147299-27204**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Staples, David, J, ,**

Mailing Address 530 Great Circle Rd

City  
Nashville

State  
TN

Zip Code  
37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 30 / 2019

**Transaction ID : 201905287219-27120**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Staples, David, J, ,**

Mailing Address 530 Great Circle Rd

City  
Nashville

State  
TN

Zip Code  
37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 13 / 2019

**Transaction ID : 201906129139-27015**

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)..... ►

150.00