

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

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

FOR LINE NUMBER: PAGE 1113 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. Welch, Peter, B, ,

Mailing Address 1 Front St

City

San Francisco

State

CA

Zip Code

94111-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)

Market Leader

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : 201906129139-6038

Amount of Each Receipt this Period

25.00



Memo Item

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

B. Welch, Peter, B, ,

Mailing Address 1 Front St

City

San Francisco

State

CA

Zip Code

94111-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)

Market Leader

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

Transaction ID : 2019062572110-6019

Amount of Each Receipt this Period

25.00



Memo Item

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

C. Wells, Steve, , ,

Mailing Address 801 Yachts Lndg

City

Mount Juliet

State

TN

Zip Code

37122-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Operating Effectiveness Senior Advisor

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 : 201903057218-16971

Amount of Each Receipt this Period

50.00



Memo Item

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

100.00

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