

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

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

FOR LINE NUMBER: PAGE 91 OF 211

(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. Kucharczyk, James, , ,

Mailing Address 900 Cottage Grove Rd

City
Bloomfield

State
CT

Zip Code
06002-2920

FEC 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 ▼

500.00

Date of Receipt

02 / 28 / 2020

Transaction ID : 20200226164112-15406

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Kulawiec, Julie, T, ,

Mailing Address 1 Express Way

City

Saint Louis

State

MO

Zip Code

63121-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Express Scripts Sales Operations, Inc.

Occupation (for Individual)

Client Services Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2020

Transaction ID : 20200212161312-36125

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Kulawiec, Julie, T, ,

Mailing Address 1 Express Way

City

Saint Louis

State

MO

Zip Code

63121-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Express Scripts Sales Operations, Inc.

Occupation (for Individual)

Client Services Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2020

Transaction ID : 20200226164112-35989

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

375.00