

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 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. Melton, Larry, D, ,

Mailing Address 1310 Telfon Cir

City
ChesapeakeState
VAZip Code
23320-3283FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2020

Transaction ID : 20200212161312-13850

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. Melton, Larry, D, ,

Mailing Address 1310 Telfon Cir

City
ChesapeakeState
VAZip Code
23320-3283FEC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2020

Transaction ID : 20200226164112-13803

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Mercier, Kathleen, , ,

Mailing Address 712 E 46th St

City
SavannahState
GAZip Code
31405-2442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EviCore

Occupation (for Individual)

Human Resources Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2020

Transaction ID : 20200227171347-462

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

210.00

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