

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

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

FOR LINE NUMBER: PAGE 116 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. Mirabella, Morris, D, ,

Mailing Address 2701 N Rocky Point Dr

City
TampaState
FLZip Code
33607-5917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 20200226164112-4936

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Mohanty, Monalisa, , ,

Mailing Address 1640 Century Center Pkwy

City
MemphisState
TNZip Code
38134-8822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Express Scripts Sales Operations, Inc.Occupation (for Individual)
Account Management (Non-IC) Senior

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

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

Transaction ID : 20200226164112-50545

Amount of Each Receipt this Period

57.70

☐ Memo Item

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

C. Monahan, Frank, A, ,

Mailing Address 7400 W 110th St

City
Overland ParkState
KSZip Code
66210-2358FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CT GENERAL LIFE INSURANCE COOccupation (for Individual)
Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 20200212161312-8448

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).....▶

307.70