

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

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

FOR LINE NUMBER: PAGE 272 OF 398

(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. Parker, Joshua, B, ,

Mailing Address 1640 Century Center Pkwy

City
Memphis

State
TN

Zip Code
38134-8822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Express Scripts Services Co

Occupation (for Individual)

VP Pharma Strategy & Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2020

Transaction ID : 20200506164913-49335

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Parker, Joshua, B, ,

Mailing Address 1640 Century Center Pkwy

City
Memphis

State
TN

Zip Code
38134-8822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Express Scripts Services Co

Occupation (for Individual)

VP Pharma Strategy & Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2020

Transaction ID : 20200520191312-49266

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Parsons, Mark, A, ,

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)

CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)

SVP Audit Reinsurance & COLI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2020

Transaction ID : 20200506164913-331

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

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

242.00