

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 316  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Meadows, Russell, W, ,**Mailing Address 25600 N Norterra Dr  
Bldg ACity  
PhoenixState  
AZZip Code  
85085-8201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : 2020031116513-27232**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Meadows, Russell, W, ,**Mailing Address 25600 N Norterra Dr  
Bldg ACity  
PhoenixState  
AZZip Code  
85085-8201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2020

**Transaction ID : 20200325162914-27077**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. 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 ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : 2020031116513-13756**

Amount of Each Receipt this Period

80.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

180.00

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