

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

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

FOR LINE NUMBER: PAGE 84 OF 337

(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. Ellingson, Dawn, , ,

Mailing Address 47070 Middle Ridge Rd

City
AmherstState
OHZip Code
44001-2724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Directo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : 20200409185314-17657

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ellingson, Dawn, , ,

Mailing Address 47070 Middle Ridge Rd

City
AmherstState
OHZip Code
44001-2724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Directo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2020

Transaction ID : 20200422171315-17646

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ellis, Deborah, , ,

Mailing Address 25500 N Norterra Dr
Bldg BCity
PhoenixState
AZZip Code
85085-8200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Financial Analysis Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : 20200409185314-57957

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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