

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

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

FOR LINE NUMBER: PAGE 124 OF 3209

(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. Baker, Bradley, D, ,**

Mailing Address 701 5th Ave  
Ste 4900

City  
Seattle

State  
WA

Zip Code  
98104-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)  
Sales (IC) Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2019

**Transaction ID : 2019121074911-7133**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Baker, Bradley, D, ,**

Mailing Address 701 5th Ave  
Ste 4900

City  
Seattle

State  
WA

Zip Code  
98104-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)  
Sales (IC) Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2019

**Transaction ID : 2019122562910-7176**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Baldwin, Kevin, A, ,**

Mailing Address 2000 S Colorado Blvd

City  
Denver

State  
CO

Zip Code  
80222-7900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cigna Corp.

Occupation (for Individual)  
Account Management (IC) Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2019

**Transaction ID : 2019070971710-15196**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

65.00