

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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  
Amherst

State  
OH

Zip Code  
44001-2724

FEC 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 ▼

1300.00

Date of Receipt

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

**Transaction ID : 2019121074911-18085**

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  
Amherst

State  
OH

Zip Code  
44001-2724

FEC 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 ▼

1300.00

Date of Receipt

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

**Transaction ID : 2019122562910-18111**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Ellis, Kevin, M, ,**

Mailing Address 25500 N Norterra Dr  
Bldg B

City  
Phoenix

State  
AZ

Zip Code  
85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Medical Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

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

**Transaction ID : 2019070971710-18312**

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)..... ►

225.00