

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

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

FOR LINE NUMBER: PAGE 1190 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. Higgins, Gary, , ,

Mailing Address 9 Griffin Rd N

City
Windsor

State
CT

Zip Code
06095-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Infrastructure Engineering Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID : 2019121074911-15567

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Higgins, Gary, , ,

Mailing Address 9 Griffin Rd N

City
Windsor

State
CT

Zip Code
06095-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Infrastructure Engineering Senior Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID : 2019122562910-15598

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Higgins, James, N, ,

Mailing Address 2583 S Ponte Vedra Blvd

City
Ponte Vedra Beach

State
FL

Zip Code
32082-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)

Sales Operations Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 2019101574911-8492

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

110.00