

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

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<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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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

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

A. Kemmerer, Sheri, , ,

Mailing Address 6140 Westminister Grn

City
SuwaneeState
GAZip Code
30024-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Sales (IC) Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : 2019122562910-16268

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kennedy, Stephen, T, ,

Mailing Address 525 W Monroe St

City
ChicagoState
ILZip Code
60661-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corporation

Occupation (for Individual)

Account Management (IC) Senior Advis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID : 2019122562910-11315

Amount of Each Receipt this Period

8.00

☐ Memo Item

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

C. Kenyon, Matthew, S, ,Mailing Address 8484 Westpark Dr
Ste 950City
McLeanState
VAZip Code
22102-5147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Sales (IC) Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID : 2019070971710-12327

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38.00