

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

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

FOR LINE NUMBER: PAGE 1447 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. Kenyon, Matthew, S, ,

Mailing Address 8484 Westpark Dr
Ste 950

City
McLean

State
VA

Zip Code
22102-5147

FEC 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 / D D / Y Y Y Y Y Y
07 / 25 / 2019

Transaction ID : 201907237219-12274

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Kenyon, Matthew, S, ,

Mailing Address 8484 Westpark Dr
Ste 950

City
McLean

State
VA

Zip Code
22102-5147

FEC 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 / D D / Y Y Y Y Y Y
08 / 08 / 2019

Transaction ID : 2019080672111-12243

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Kenyon, Matthew, S, ,

Mailing Address 8484 Westpark Dr
Ste 950

City
McLean

State
VA

Zip Code
22102-5147

FEC 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 / D D / Y Y Y Y Y Y
08 / 22 / 2019

Transaction ID : 2019082074111-12222

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)..... ►

60.00