

# **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. Kucharczyk, James, , ,**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Third Party Management Managing Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2215.00

Date of Receipt

09 / 19 / 2019

**Transaction ID : 2019091773711-15802**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. Kucharczyk, James, , ,**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Third Party Management Managing Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2215.00

Date of Receipt

10 / 03 / 2019

**Transaction ID : 2019100174910-15772**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C. Kucharczyk, James, , ,**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Third Party Management Managing Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2215.00

Date of Receipt

10 / 17 / 2019

**Transaction ID : 2019101574911-15747**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00