

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

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

FOR LINE NUMBER: PAGE 1818 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. Meester, Marta, , ,

Mailing Address 3636 Nobel Dr

City
San Diego

State
CA

Zip Code
92122-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna HEALTHCARE OF CA, INC.

Occupation (for Individual)
Provider Contracting 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
12 / 26 / 2019

Transaction ID : 2019122562910-4731

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Melton, Larry, D, ,

Mailing Address 1310 Telfon Cir

City
Chesapeake

State
VA

Zip Code
23320-3283

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.

Occupation (for Individual)
Business Analytics Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

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

Transaction ID : 2019070971710-14345

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Melton, Larry, D, ,

Mailing Address 1310 Telfon Cir

City
Chesapeake

State
VA

Zip Code
23320-3283

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp.

Occupation (for Individual)
Business Analytics Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2019

Transaction ID : 201907237219-14289

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

120.00

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