

# **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. 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 / D D / Y Y Y Y Y Y  
12 / 12 / 2019

**Transaction ID : 2019121074911-13927**

Amount of Each Receipt this Period

80.00

☐ 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 / D D / Y Y Y Y Y Y  
12 / 26 / 2019

**Transaction ID : 2019122562910-13958**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C. Menzin, Ronald, , ,**

Mailing Address 14 Polo Ln

City  
Westbury

State  
NY

Zip Code  
11590-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INT'L REHAB. ASSOCIATES, INC.

Occupation (for Individual)

Medical Senior Director

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 : 2019101574911-5126**

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)..... ►

170.00