

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

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

FOR LINE NUMBER: PAGE 2349 OF 3209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

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

A. Rydzewski, Mitch, A, ,

Mailing Address 3103 Russell Ave

City  
ParmaState  
OHZip Code  
44134-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2019

Transaction ID : 201911274112-18208

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

B. Rydzewski, Mitch, A, ,

Mailing Address 3103 Russell Ave

City  
ParmaState  
OHZip Code  
44134-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2019

Transaction ID : 201912675310-18152

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

C. Rydzewski, Mitch, A, ,

Mailing Address 3103 Russell Ave

City  
ParmaState  
OHZip Code  
44134-1941FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp.

Occupation (for Individual)

Application Development Senior Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2019

Transaction ID : 2019121074911-18087

Amount of Each Receipt this Period

9.62

☐ Memo Item

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

28.86

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