

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

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

FOR LINE NUMBER: PAGE 2593 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. St Pierre, Eleanor, , ,

Mailing Address 8 Sabrina Ln

City
Springvale

State
ME

Zip Code
04083-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)
Quality Review and Audit Senior Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID : 2019121074911-988

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. St Pierre, Eleanor, , ,

Mailing Address 8 Sabrina Ln

City
Springvale

State
ME

Zip Code
04083-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CT GENERAL LIFE INSURANCE CO

Occupation (for Individual)
Quality Review and Audit Senior Manag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2019

Transaction ID : 2019122562910-1008

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Staples, David, J, ,

Mailing Address 530 Great Circle Rd

City
Nashville

State
TN

Zip Code
37228-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cigna Corp

Occupation (for Individual)
Customer Service Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID : 2019070971710-26857

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

80.00