

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

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

FOR LINE NUMBER: PAGE 2859 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. Wells, Steve, , ,**

Mailing Address 1844 Greywell Rd

City  
Knoxville

State  
TN

Zip Code  
37922-9454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cigna Corp

Occupation (for Individual)

Operating Effectiveness Senior Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2019

**Transaction ID : 2019080672111-16493**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Wetz, Frank, G, ,**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City  
Wilmington

State  
DE

Zip Code  
19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LIFE INS. CO. OF NORTH AMERICA

Occupation (for Individual)

Actuarial 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 : 2019101574911-6237**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Wetz, Frank, G, ,**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City  
Wilmington

State  
DE

Zip Code  
19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LIFE INS. CO. OF NORTH AMERICA

Occupation (for Individual)

Actuarial 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 / 31 / 2019

**Transaction ID : 2019102974911-6232**

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)..... ►

70.00