

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

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

FOR LINE NUMBER: PAGE 43 OF 86

(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. Parsons, Mark, A, ,**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
SVP Audit Reinsurance & COLI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : 20200129173713-340**

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

**B. Perez, Allen, C, ,**

Mailing Address 27622 Robillard Springs Ln

City  
Katy

State  
TX

Zip Code  
77494-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cigna Corp.

Occupation (for Individual)  
Business Development Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : 20200129173713-24117**

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

**C. Perini, Victor, , ,**

Mailing Address 1 Express Way

City  
Saint Louis

State  
MO

Zip Code  
63121-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Express Scripts Strategic Development,

Occupation (for Individual)  
VP Account Management, Health Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : 20200129173713-50679**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

509.00