

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cigna Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="237988.38"/>	<input type="text" value="237988.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252115.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16042.55"/>	<input type="text" value="352044.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="268158.33"/>	<input type="text" value="590033.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33000.00"/>	<input type="text" value="354875.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="235158.33"/>	<input type="text" value="235158.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Signa Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13250.08	224434.28
(ii) Unitemized	2792.47	125485.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16042.55	349919.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16042.55	349919.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16042.55	352044.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16042.55	352044.95

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1225.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1225.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	282500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3500.00	71150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33000.00	354875.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33000.00	354875.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16042.55	349919.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16042.55	349919.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1225.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1225.00

**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)	PAGE 6 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Anthony Abate

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. VP Supply Chain Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3255.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-17665-20-23

Amount of Each Receipt this Period
155.00

Full Name (Last, First, Middle Initial)
B. Linda A. Adamsons

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-1019-20-23

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Melissa Ahmann-Tucker

Mailing Address 9009 Carothers Pkwy

City State Zip Code
Franklin TN 37067-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Actuarial Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-31244-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Marc M. Alcedo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-21843-20-23
Mailing Address 1729 Canonero Dr		Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78746-2114
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Government Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Michael B. Alexander		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-11090-20-23
Mailing Address 128 E 15th St		Amount of Each Receipt this Period 26.93
City Ship Bottom	State NJ	Zip Code 08008-4467
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.53	

Full Name (Last, First, Middle Initial) C. Gregory J. Allen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-30559-20-23
Mailing Address 500 Great Circle Rd		Amount of Each Receipt this Period 50.00
City Nashville	State TN	Zip Code 37228-1309
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional).....▶	101.93
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. William R. Antonello
 Full Name (Last, First, Middle Initial)
 Mailing Address 1571 Sawgrass Corporate Pkwy
 City Sunrise State FL Zip Code 33323-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-3556-20-23
 Amount of Each Receipt this Period
 25.00

B. Shelby L. Ardoline
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 E Elm St
 City Dunmore State PA Zip Code 18512-2946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6915-20-23
 Amount of Each Receipt this Period
 10.00

C. Raegan M. Armata
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-207-20-23
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 9 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Ann H. Asbaty
Full Name (Last, First, Middle Initial)

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017-3144

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-313-20-23

Amount of Each Receipt this Period 50.00

B. Jacquelyn A. Aube
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1675-20-23

Amount of Each Receipt this Period 50.00

C. Erich N. Avedisian
Full Name (Last, First, Middle Initial)

Mailing Address 4275 Lima Rd

City Geneseo State NY Zip Code 14454-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Financial Analysis Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-20312-20-23

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.62

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

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

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

FOR LINE NUMBER: PAGE 10 OF 118
(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

A. Sanjiv Awasthi
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Corporate Services Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-20289-20-23
 Amount of Each Receipt this Period
15.00

B. Lisa R. Bacus
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation EVP Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **3234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-24314-20-23
 Amount of Each Receipt this Period
154.00

C. Gary A. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Odonnell St
 City Baltimore State MD Zip Code 21224-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-31409-20-23
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **269.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 11 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Mark Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Sales Director-Direct Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-10971-20-23

Amount of Each Receipt this Period **50.00**

B. Kevin A. Baldwin
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village State CO Zip Code 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-18384-20-23

Amount of Each Receipt this Period **10.00**

C. Thomas C. Banet
Full Name (Last, First, Middle Initial)

Mailing Address Va 8484 Westpark Drive, Suite 950

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Sales Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-3807-20-23

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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

**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)	PAGE 12 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Barbara A. Beck
Full Name (Last, First, Middle Initial)

Mailing Address 5891 W Eugie Ave

City Glendale State AZ Zip Code 85304-1252

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Health Services Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-22642-20-23

Amount of Each Receipt this Period **9.62**

B. John M. Belsen
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Treasury Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-1585-20-23

Amount of Each Receipt this Period **10.00**

C. Amie L. Benedict
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corporation Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-6859-20-23

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **39.62**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 118
(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 (Last, First, Middle Initial)
A. Amy R. Bennett

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1536-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Jeff Berardo

Mailing Address 499 Washington Blvd

City State Zip Code
 Jersey City NJ 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Sales Director-Direct Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2037-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Jodi M. Berry

Mailing Address Two Securities Centre

City State Zip Code
 Atlanta GA 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6299-20-23

Amount of Each Receipt this Period
 3.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.37

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

**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)	PAGE 14 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Kim Bimestefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-7863-20-23
 Amount of Each Receipt this Period
 90.00

B. Patricia A. Blaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Running Creek Church Rd
 City Locust State NC Zip Code 28097-6216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Client Account Support Sr Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-3252-20-23
 Amount of Each Receipt this Period
 10.00

c. John J. Bogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-22195-20-23
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 118
(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

A. Diane M. Botticello
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1751-20-23
 Amount of Each Receipt this Period
 19.25

B. Mark L. Boxer
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO EVP CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9053-20-23
 Amount of Each Receipt this Period
 192.00

C. Brett C. Browchuk
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. SVP Service Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-12636-20-23
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 403.25
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 16 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. William Brown
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-7943-20-23

Amount of Each Receipt this Period **25.00**

B. Kelly K. Brundin
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Financial Plng & Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2924-20-23

Amount of Each Receipt this Period **50.00**

C. Zigmund R. Brzezinski
Full Name (Last, First, Middle Initial)

Mailing Address 801 Ocean Rd

City Spring Lake State NJ Zip Code 07762-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **355.99**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2490-20-23

Amount of Each Receipt this Period **16.98**

SUBTOTAL of Receipts This Page (optional)..... **91.98**

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

**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)	PAGE 17 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. M. Buckley
Full Name (Last, First, Middle Initial)
Mailing Address 525 W Monroe St
City Chicago State IL Zip Code 60661-3629
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Manager Account Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **695.27**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-4178-20-23
Amount of Each Receipt this Period **12.04**

B. Timothy D. Buckley
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Chestnut St # 2
City Philadelphia State PA Zip Code 19192-0002
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Internation Occupation VP Treasury
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-12440-20-23
Amount of Each Receipt this Period **50.00**

C. David W. Burr
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Project Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-22105-20-23
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **72.04**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 18 OF 118
(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 (Last, First, Middle Initial)
A. Glenn T. Butkus

Mailing Address 2223 Washington St

City State Zip Code
 Newton MA 02462-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Senior Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-339-20-23

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Mark Butler

Mailing Address 2223 Washington St

City State Zip Code
 Newton MA 02462-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-8666-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Vanda Campbell

Mailing Address 500 Great Circle Rd

City State Zip Code
 Nashville TN 37228-1309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1015.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-30605-20-23

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

**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)	PAGE 19 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jill R. Canino
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-28129-20-23

Amount of Each Receipt this Period **100.00**

B. Karen M. Cantelmo
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-4216-20-23

Amount of Each Receipt this Period **15.00**

C. John S. Cantrell
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Corporate Security Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-5202-20-23

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**

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

**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)	PAGE 20 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Wendy L. Carberg
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-890-20-23

Amount of Each Receipt this Period **200.00**

B. William C. Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Real Estate Sr Managing Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-680-20-23

Amount of Each Receipt this Period **25.00**

C. Steven Caron
Full Name (Last, First, Middle Initial)

Mailing Address 237 Tall Pines Dr

City Sewell State NJ Zip Code 08080-1115

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Architecture Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2032-20-23

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

**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)	PAGE 21 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Michelle L. Cavner
 Full Name (Last, First, Middle Initial)
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation Operations 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 Y
 10 / 09 / 2014
Transaction ID : 20141006-5508-20-23
 Amount of Each Receipt this Period
50.00

B. Patricia T. Cederwall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Front St
 City San Francisco State CA Zip Code 94111-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-14162-20-23
 Amount of Each Receipt this Period
10.00

C. Michael L. Celani
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St
 # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **202.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1923-20-23
 Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional)..... **69.62**
TOTAL This Period (last page this line number only).....

**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)	PAGE 22 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Susan B. Celmer
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Tax Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-4312-20-23

Amount of Each Receipt this Period **10.00**

B. Leslie A. Charles
Full Name (Last, First, Middle Initial)

Mailing Address 3650 Marigold St

City Seal Beach State CA Zip Code 90740-3115

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Financial Analysis Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-15389-20-23

Amount of Each Receipt this Period **12.00**

C. Frank H. Cisz
Full Name (Last, First, Middle Initial)

Mailing Address 9 Griffin Rd. North, Data Center

City Windsor State CT Zip Code 06095

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-13275-20-23

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **47.00**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 118
(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 (Last, First, Middle Initial)
A. Robert F. Clark

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. VP Coli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-366-20-23

Amount of Each Receipt this Period
 90.00

Full Name (Last, First, Middle Initial)
B. Debra P. Cody

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Information Protection Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-18231-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Gina L. Collins

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-10436-20-23

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

**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)	PAGE 25 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Eric P. Consolazio
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1689-20-23

Amount of Each Receipt this Period 100.00

B. Joshua Cook
Full Name (Last, First, Middle Initial)

Mailing Address 105 Decker Ct

City Irving State TX Zip Code 75062-2767

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation HS Network Opns Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-32319-20-23

Amount of Each Receipt this Period 50.00

C. Raymond G. Cooper
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation Architecture Sr Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-23265-20-23

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 118
(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

A. David M. Cordani
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-437-20-23
 Amount of Each Receipt this Period
 192.00

B. Tracy L. Coulter
 Full Name (Last, First, Middle Initial)
 Mailing Address 842 N Abilene Dr
 City State Zip Code
 Gilbert AZ 85233-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CIGNA HEALTHCARE OF AZ, INC Business Project Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6362-20-23
 Amount of Each Receipt this Period
 10.00

C. Daniel J. Cozzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 31792 Via Coyote
 City State Zip Code
 Coto De Caza CA 92679-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Operations Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9788-20-23
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 27 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Stephen W. Crawford

Mailing Address 216 B Ave

City State Zip Code
Coronado CA 92118-1955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-12237-20-23

Amount of Each Receipt this Period
19.25

Full Name (Last, First, Middle Initial)
B. Rebecca A. Croes

Mailing Address 2900 North Loop W

City State Zip Code
Houston TX 77092-8841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-31540-20-23

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Andrew D. Crooks

Mailing Address 2701 N Rocky Point Dr

City State Zip Code
Tampa FL 33607-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO RVP Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-7743-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)
A. Brian Cuddeback

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-10992-20-23

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Donald M. Curry

Mailing Address 2 College Park Dr

City State Zip Code
Hooksett NH 03106-1636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-9430-20-23

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Gregory J. Czar

Mailing Address 300 Bellevue Pkwy
Ste 101

City State Zip Code
Wilmington DE 19809-3704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Financial Analysis Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-9189-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

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

**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)	PAGE 29 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Kristin Damato
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Government Affairs Sr 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 Y
 10 / 09 / 2014
Transaction ID : 20141006-2296-20-23

Amount of Each Receipt this Period
 50.00

B. Robert L. Dawson
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Pkwy

City Franklin State TN Zip Code 37067-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation RVP Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3570.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-31791-20-23

Amount of Each Receipt this Period
 170.00

C. Johannes M. De Jong
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-223-20-23

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00

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

**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)	PAGE 30 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher De Rosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Executive Park
 City Irvine State CA Zip Code 92614-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation RVP Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2100.00**

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-1589-20-23
 Amount of Each Receipt this Period
100.00

B. John R. DeFeo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 Chantilly Ln
 City Chester Springs State PA Zip Code 19425-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2835.00**

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-18609-20-23
 Amount of Each Receipt this Period
135.00

C. Elizabeth DeForest
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Audit Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-9058-20-23
 Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 31 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Edwin J. Detrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-2374-20-23
 Amount of Each Receipt this Period 200.00

B. Brendan J. Devine
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-25712-20-23
 Amount of Each Receipt this Period 50.00

C. Constance J. DiManno
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-9555-20-23
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 32 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jeannine Doherty
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 E High St
 City Phoenix State AZ Zip Code 85054-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 629.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-27-20-23
 Amount of Each Receipt this Period
 6.94

B. Eugene H. Dours
 Full Name (Last, First, Middle Initial)
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-5129-20-23
 Amount of Each Receipt this Period
 18.50

C. Michael D. Elmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-19142-20-23
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.44
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 33 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Doreen Endress
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-23584-20-23

Amount of Each Receipt this Period **10.00**

B. Leanne Engels
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-1279-20-23

Amount of Each Receipt this Period **10.00**

C. Scott E. Evelyn
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corporation Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-13842-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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

**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)	PAGE 34 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Beverly J. Everett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8228 Academy Rd
 City Ellicott City State MD Zip Code 21043-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-107-20-23
 Amount of Each Receipt this Period
 20.00

B. Jordan G. Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Financial Analysis Sr Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-16716-20-23
 Amount of Each Receipt this Period
 10.00

C. Kimberly A. Feltovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-11182-20-23
 Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional).....▶	49.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 118
(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 (Last, First, Middle Initial)
A. Andre Fernandes

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-15424-20-23

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code
 Columbia CT 06237-1048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Business Project Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1805-20-23

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Scott M. Filiault

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Informatics Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-232-20-23

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

**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)	PAGE 36 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David H. Finley
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-18431-20-23

Amount of Each Receipt this Period
50.00

B. Mary Fischer-McKee
Full Name (Last, First, Middle Initial)

Mailing Address 25600 N Norterra Dr Bldg A

City Phoenix State AZ Zip Code 85085-8201

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corporation Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-12114-20-23

Amount of Each Receipt this Period
50.00

C. David Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 1012 Balsam Dr

City Washington State PA Zip Code 15301-9561

FEC ID number of contributing federal political committee. **C**

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Client Account Support Sr Spec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-9501-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

**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)	PAGE 37 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Susan P. Fitzpatrick
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-1586-20-23

Amount of Each Receipt this Period
50.00

B. Robert C. Flores
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna HEALTHCARE OF AZ, INC Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-8334-20-23

Amount of Each Receipt this Period
9.62

C. Paula Fornabi
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-7213-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.62

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

**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)	PAGE 38 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mark Foulke
 Full Name (Last, First, Middle Initial)
 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 Cigna Corp. Occupation HS Network Opns Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-31668-20-23
 Amount of Each Receipt this Period
50.00

B. Timothy E. Freeland
 Full Name (Last, First, Middle Initial)
 Mailing Address 176 Lake Dr
 City Greenwood State IN Zip Code 46142-9182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9669-20-23
 Amount of Each Receipt this Period
10.00

C. Diane E. Frost
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Primera Blvd Ste 264
 City Lake Mary State FL Zip Code 32746-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Business Project Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6292-20-23
 Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **70.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 39 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Robert S. Fry
Full Name (Last, First, Middle Initial)

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Director-Sales Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-2673-20-23

Amount of Each Receipt this Period 50.00

B. Peter R. Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 2900 North Loop W

City Houston State TX Zip Code 77092-8841

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Market Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-31487-20-23

Amount of Each Receipt this Period 50.00

c. Thomas Garvey
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 404.25

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1918-20-23

Amount of Each Receipt this Period 19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.25

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

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

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

FOR LINE NUMBER: PAGE 40 OF 118
(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 (Last, First, Middle Initial)
A. Gary Geare

Mailing Address 8505 E Orchard Rd

City State Zip Code
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Operations Senior Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-14377-20-23

Amount of Each Receipt this Period
 9.62

Full Name (Last, First, Middle Initial)
B. Willis H. Gee

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Business Project Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-8753-20-23

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Glenn M. Gerhard

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Financial Analysis Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-202-20-23

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.62

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

**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)	PAGE 41 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David J. Giannoni
Full Name (Last, First, Middle Initial)

Mailing Address 612 Wheelers Farms Rd

City Milford State CT Zip Code 06461-1673

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **517.80**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-3739-20-23

Amount of Each Receipt this Period **6.48**

B. Jennifer R. Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 6401 Poplar Ave

City Memphis State TN Zip Code 38119-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation HS Network Opns Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-32359-20-23

Amount of Each Receipt this Period **50.00**

C. Debra L. Glover
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Pkwy

City Franklin State TN Zip Code 37067-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation App Development Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-30646-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ► **106.48**

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

**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)	PAGE 42 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. John P. Godsill
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3360.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-8780-20-23

Amount of Each Receipt this Period 160.00

B. Ronald J. Goglia
Full Name (Last, First, Middle Initial)

Mailing Address 300 Morrison Ave

City Easton State PA Zip Code 18042-1439

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-2107-20-23

Amount of Each Receipt this Period 20.00

C. David M. Goloff
Full Name (Last, First, Middle Initial)

Mailing Address 4 N Tallahassee Ave

City Atlantic City State NJ Zip Code 08401-3334

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Compliance Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1930-20-23

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 189.62

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

**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)	PAGE 43 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Donna W. Gore
Full Name (Last, First, Middle Initial)
Mailing Address 49 Briarwood Dr
City Old Saybrook State CT Zip Code 06475-2007
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-211-20-23
Amount of Each Receipt this Period 9.62

B. Kristen Gorodetzer
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Chestnut St # 2
City Philadelphia State PA Zip Code 19192-0002
FEC ID number of contributing federal political committee. **C**
Name of Employer HR&S Talent Optimization Occupation VP Rewards
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-10906-20-23
Amount of Each Receipt this Period 10.00

C. Mark A. Gosselin
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-643-20-23
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 29.62
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 44 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Trelawny Grant
Full Name (Last, First, Middle Initial)
Mailing Address 7873 Penn Ave N
City Minneapolis State MN Zip Code 55444-1867
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Health Data Specialist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-13850-20-23
Amount of Each Receipt this Period **10.00**

B. David A. Grapko
Full Name (Last, First, Middle Initial)
Mailing Address 8505 E Orchard Rd
City Greenwood Village State CO Zip Code 80111-5002
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Financial Analysis Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-14405-20-23
Amount of Each Receipt this Period **10.00**

C. Richard Gray
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Strat And Bus Develop Sr Dir
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-1849-20-23
Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 45 OF 118
(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

A. Bruce M. Grimm
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO General Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6601-20-23
 Amount of Each Receipt this Period
 15.00

B. Jeffrey C. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Information Protection Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-16503-20-23
 Amount of Each Receipt this Period
 24.00

C. David D. Guilmette
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 E 45th St
 City State Zip Code
 New York NY 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Multi-Segment Lead
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-17455-20-23
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 46 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. James E. Gulley
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation App Development Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-31292-20-23

Amount of Each Receipt this Period **25.00**

B. Miles E. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna DENTAL HEALTH, INC. Occupation Clinical Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-5945-20-23

Amount of Each Receipt this Period **10.00**

C. Theresa A. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village State CO Zip Code 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-14437-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

**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)	PAGE 47 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Joseph L. Hannah
Full Name (Last, First, Middle Initial)

Mailing Address 901 E Cary St

City Richmond State VA Zip Code 23219-4063

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-4840-20-23

Amount of Each Receipt this Period
20.00

B. Douglas D. Hawkins
Full Name (Last, First, Middle Initial)

Mailing Address 701 5th Ave Ste 4900

City Seattle State WA Zip Code 98104-7009

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Sales Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-668-20-23

Amount of Each Receipt this Period
10.00

C. Tobin B. Hawkins
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Post Oak Blvd

City Houston State TX Zip Code 77056-5784

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-5030-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 118
(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 (Last, First, Middle Initial)
A. Leslie L. Hayes

Mailing Address 2701 N Rocky Point Dr

City State Zip Code
 Tampa FL 33607-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-14157-20-23

Amount of Each Receipt this Period
 9.62

Full Name (Last, First, Middle Initial)
B. Ben K. Haynes

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-3474-20-23

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Cornelis A. Heemsker

Mailing Address 525 W Monroe St

City State Zip Code
 Chicago IL 60661-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-10491-20-23

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 34.62

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

**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)	PAGE 49 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Gregory T. Hicks

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-10708-20-23

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Anthony Hipp

Mailing Address 1 Cigna Dr

City State Zip Code
Bourbonnais IL 60914-4475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-11925-20-23

Amount of Each Receipt this Period
19.25

Full Name (Last, First, Middle Initial)
C. Christopher J. Hocevar

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Multi-Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-8735-20-23

Amount of Each Receipt this Period
115.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.25

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

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

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

FOR LINE NUMBER: PAGE 50 OF 118
(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 (Last, First, Middle Initial)
A. Robert P. Hockmuth

Mailing Address 2 College Park Dr

City State Zip Code
 Hooksett NH 03106-1636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Medical Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-743-20-23

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
B. Mary T. Hoeltzel

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 FIN Cigna Financial Reporting VP Chief Accounting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-13342-20-23

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Lisa G. Holubec

Mailing Address 1640 Dallas Pkwy

City State Zip Code
 Plano TX 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Clinical Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-21131-20-23

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.24

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

**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)	PAGE 51 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Michael Horlacher
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-2808-20-23

Amount of Each Receipt this Period
40.00

B. Tamara Horwitz
Full Name (Last, First, Middle Initial)

Mailing Address 3430 List Pl

City Minneapolis State MN Zip Code 55416-4559

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Marketing Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-15551-20-23

Amount of Each Receipt this Period
25.00

C. Julia M. Huggins
Full Name (Last, First, Middle Initial)

Mailing Address 10490 Little Patuxent Pkwy

City Columbia State MD Zip Code 21044-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-478-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... **140.00**

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

**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)	PAGE 52 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Daven C. Hunigan
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Systems Analysis Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.20

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-3093-20-23

Amount of Each Receipt this Period 10.18

B. Jay L. Hurt
Full Name (Last, First, Middle Initial)

Mailing Address 2900 North Loop W

City Houston State TX Zip Code 77092-8841

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-31986-20-23

Amount of Each Receipt this Period 100.00

C. David Huseth
Full Name (Last, First, Middle Initial)

Mailing Address 921 S York St Apt 1

City Elmhurst State IL Zip Code 60126-5165

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-8690-20-23

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.80

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

**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)	PAGE 53 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Moin M. Iftexhar
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Nathan Hale Dr
 City State Zip Code
 Deptford NJ 08096-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO IT Principal
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 268.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1953-20-23
 Amount of Each Receipt this Period
 12.96

B. Alan Innes
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1672-20-23
 Amount of Each Receipt this Period
 19.25

C. John M. Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City State Zip Code
 Philadelphia PA 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Senior Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2670-20-23
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.21
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 54 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Clifton S. Jacobson
Full Name (Last, First, Middle Initial)

Mailing Address 7034 Lakewood Blvd

City Dallas State TX Zip Code 75214-3558

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-31920-20-23

Amount of Each Receipt this Period 192.30

B. Beverly Jacoby
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village State CO Zip Code 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Client Account Support Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-14538-20-23

Amount of Each Receipt this Period 10.00

C. William S. Jameson
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Brand Blvd

City Glendale State CA Zip Code 91203-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Assoc Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-5994-20-23

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.30

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

**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)	PAGE 55 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. James M. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-272-20-23

Amount of Each Receipt this Period
50.00

B. Nicole S. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation EVP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4032.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-12282-20-23

Amount of Each Receipt this Period
192.00

C. Teresa R. Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 2900 North Loop W

City Houston State TX Zip Code 77092-8841

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-30622-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.00

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

**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)	PAGE 56 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Scott Josephs
Full Name (Last, First, Middle Initial)

Mailing Address 701 Corporate Center Dr

City Raleigh State NC Zip Code 27607-5084

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-6513-20-23

Amount of Each Receipt this Period **50.00**

B. Shankar Kalyanasundaram
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-9470-20-23

Amount of Each Receipt this Period **25.00**

C. William C. Kane
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Fixed Income Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-11410-20-23

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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

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

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

FOR LINE NUMBER: PAGE 57 OF 118
(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

A. Rhonda M. Karlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Assoc Chief Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1653-20-23
 Amount of Each Receipt this Period
 12.00

B. Christopher P. Keefe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8505 E Orchard Rd
 City State Zip Code
 Greenwood Village CO 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Operations Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-16024-20-23
 Amount of Each Receipt this Period
 10.00

C. Joan Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 NE Lofting Way
 City State Zip Code
 Stuart FL 34996-6512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. VP Consumer Health Engagement
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-22197-20-23
 Amount of Each Receipt this Period
 160.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Karen L. Kenwright

Mailing Address 2 Chase Corporate Dr

City Hoover State AL Zip Code 35244-1016

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Financial Analysis Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-31592-20-23

Amount of Each Receipt this Period **9.62**

Full Name (Last, First, Middle Initial)
B. Robert A. Killmer

Mailing Address 2000 Park Lane Dr

City Pittsburgh State PA Zip Code 15275-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Group Claims Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2183-20-23

Amount of Each Receipt this Period **10.00**

Full Name (Last, First, Middle Initial)
C. Edward S. Kim

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-19775-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....▶ **69.62**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Kristinn K. Klunkert

Mailing Address 2900 North Loop W

City	State	Zip Code
Houston	TX	77092-8841

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cigna Corp.	Financial Analysis Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-32003-20-23

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Joel Krzan

Mailing Address 8505 E Orchard Rd

City	State	Zip Code
Greenwood Village	CO	80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cigna Corp.	Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-20916-20-23

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. James Kucharczyk

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Hartford	CT	06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cigna Corp.	Strategic Sourcing Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-19609-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 60 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Diana L. Kycia
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.32**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-877-20-23

Amount of Each Receipt this Period **15.29**

B. Edward F. LaClair
Full Name (Last, First, Middle Initial)

Mailing Address 53 Glenmaura National Blvd

City Scranton State PA Zip Code 18507-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-1814-20-23

Amount of Each Receipt this Period **20.00**

C. Kenneth P. Langevin
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-1290-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **85.29**

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

**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)	PAGE 61 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. R. Lara
Full Name (Last, First, Middle Initial)

Mailing Address 25600 N Norterra Dr
Bldg A

City Phoenix State AZ Zip Code 85085-8201

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-2610-20-23

Amount of Each Receipt this Period
10.00

B. Amy C. Lazzaro
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-21964-20-23

Amount of Each Receipt this Period
50.00

C. Robyn Leland
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Highway 121

City Bedford State TX Zip Code 76021-5981

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation HS Network Opns Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-30484-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 118
(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 (Last, First, Middle Initial)
A. James Lemieux

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1025-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Arthur W. Licon

Mailing Address 9701 W Higgins Rd

City State Zip Code
 Rosemont IL 60018-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-30728-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Christopher J. Lockery

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9772-20-23

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 118
(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 (Last, First, Middle Initial)
A. William M. Lopez

Mailing Address 1006 Columbine Rd

City State Zip Code
 Asheville NC 28803-1951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-11960-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Scott A. Macchi

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Business IT Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-786-20-23

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Jon E. Maesner

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Clinical Program Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-5869-20-23

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

**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)	PAGE 64 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. William J. Maher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **252.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-3070-20-23
 Amount of Each Receipt this Period **12.00**

B. Matthew G. Manders
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Pres US Mkts & Global HC Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3648.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-1979-20-23
 Amount of Each Receipt this Period **192.00**

C. Carla C. Mangiafico
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-253-20-23
 Amount of Each Receipt this Period **19.00**

SUBTOTAL of Receipts This Page (optional)..... **223.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 65 OF 118
(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 (Last, First, Middle Initial)
A. Mark P. Marsters

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA VP Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9603-20-23

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
B. Thomas J. Martel

Mailing Address 2223 Washington St

City Newton State MA Zip Code 02462-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO RVP Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9317-20-23

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Christine Mas-Brown

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9042-20-23

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 118
(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

A. Kathleen R. McCabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Brackett Rd
 City Rye State NH Zip Code 03870-2044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Compliance Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-519-20-23
 Amount of Each Receipt this Period 10.00

B. Louise M. McCagg
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Odonnell St
 City Baltimore State MD Zip Code 21224-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-30546-20-23
 Amount of Each Receipt this Period 50.00

C. Andrew J. McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Financial Analysis Sr Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-17914-20-23
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 68 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David J. McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 2 College Park Dr

City Hooksett State NH Zip Code 03106-1636

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-20975-20-23

Amount of Each Receipt this Period
200.00

B. Sheila McGinley-Graziosi
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1351-20-23

Amount of Each Receipt this Period
50.00

C. Susan E. McMurray
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-447-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **95.00**

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

**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)	PAGE 69 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Brian C. McNeil
Full Name (Last, First, Middle Initial)

Mailing Address 255 Primera Blvd
Ste 264

City Lake Mary State FL Zip Code 32746-2148

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-4372-20-23

Amount of Each Receipt this Period
10.00

B. Mark J. McPhail
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-4999-20-23

Amount of Each Receipt this Period
10.00

C. Marta Meester
Full Name (Last, First, Middle Initial)

Mailing Address 3636 Nobel Dr

City San Diego State CA Zip Code 92122-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna HEALTHCARE OF CA, INC. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-5960-20-23

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00

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

**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)	PAGE 70 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Ronald Menzin
Full Name (Last, First, Middle Initial)

Mailing Address 3 Huntington Quad

City Melville State NY Zip Code 11747-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-6432-20-23

Amount of Each Receipt this Period **10.00**

B. Gregory J. Miller
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation Market Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-30584-20-23

Amount of Each Receipt this Period **25.00**

C. Ronald E. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-4694-20-23

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

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

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

FOR LINE NUMBER: PAGE 71 OF 118
(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

A. David E. Mino
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Lafayette Dr
 City Washington Crossin State PA Zip Code 18977-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9651-20-23
 Amount of Each Receipt this Period
 15.00

B. Morris D. Mirabella
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 N Rocky Point Dr
 City Tampa State FL Zip Code 33607-5917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6284-20-23
 Amount of Each Receipt this Period
 75.00

C. Kymberly P. Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 SE 5th Ave
 City Fort Lauderdale State FL Zip Code 33301-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-4292-20-23
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 72 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jodie K. Mirfendereski
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Glenlivet Pl
 City Powell State OH Zip Code 43065-9699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-3660-20-23
 Amount of Each Receipt this Period
 12.29

B. Frank A. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 W 110th St
 City Overland Park State KS Zip Code 66210-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-10588-20-23
 Amount of Each Receipt this Period
 100.00

C. Melanie N. Monchick
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-6028-20-23
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	122.29
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 73 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jason R. Motter
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corporation Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-11896-20-23

Amount of Each Receipt this Period
10.00

B. Alan M. Muney
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Total Med/Chief Med Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-17525-20-23

Amount of Each Receipt this Period
175.00

C. Kenneth W. Munkel
Full Name (Last, First, Middle Initial)

Mailing Address Two Securities Centre

City Atlanta State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2049-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 74 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 (Last, First, Middle Initial) A. John M. Murabito		Date of Receipt
Mailing Address 1601 Chestnut St # 2		M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
City Philadelphia State PA Zip Code 19192-0002		Transaction ID : 20141006-9877-20-23
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Cigna Corp.	Occupation EVP Human Resources & Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. John M. Murphy		Date of Receipt
Mailing Address 255 Primera Blvd Ste 264		M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
City Lake Mary State FL Zip Code 32746-2148		Transaction ID : 20141006-7702-20-23
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Manager Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. Paula Murphy		Date of Receipt
Mailing Address 900 Cottage Grove Rd		M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
City Hartford State CT Zip Code 06152-0001		Transaction ID : 20141006-4265-20-23
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation IT Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

SUBTOTAL of Receipts This Page (optional).....▶	187.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 75 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Noreen Nageotte
Full Name (Last, First, Middle Initial)

Mailing Address 28205 W Oviatt Rd

City Bay Village State OH Zip Code 44140-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-6733-20-23

Amount of Each Receipt this Period 75.00

B. Laurinda M. Newell
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-9699-20-23

Amount of Each Receipt this Period 50.00

C. Daniel Nicoll
Full Name (Last, First, Middle Initial)

Mailing Address 3 Huntington Quad

City Melville State NY Zip Code 11747-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.53

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1884-20-23

Amount of Each Receipt this Period 26.93

SUBTOTAL of Receipts This Page (optional).....▶ 151.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael T. Nole

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cigna Corp.	Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-16548-20-23

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. Richard S. Novack

Mailing Address Two Securities Centre

City	State	Zip Code
Atlanta	GA	30305

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cigna Corp.	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-16386-20-23

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. Eliana M. Nunez

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Hartford	CT	06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CT GENERAL LIFE INSURANCE CO	Operating Effectiveness Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 20141006-1148-20-23

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 77 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. William J. O'Donnell
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-14883-20-23

Amount of Each Receipt this Period
20.00

B. John Oates
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Patterson Rd

City Austin State TX Zip Code 78733-6500

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-12214-20-23

Amount of Each Receipt this Period
192.30

C. Cameron J. Ough
Full Name (Last, First, Middle Initial)

Mailing Address 121 SW Morrison St Ste 525

City Portland State OR Zip Code 97204-3247

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation App Development Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-16891-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.30

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

**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)	PAGE 78 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Katherine Overbye
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Underwriting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1333-20-23
 Amount of Each Receipt this Period
 10.00

B. Michael A. Pagano
 Full Name (Last, First, Middle Initial)
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-14906-20-23
 Amount of Each Receipt this Period
 10.00

C. Eric P. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-5481-20-23
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 79 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Jeffery P. Panter		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-4533-20-23
Mailing Address 7555 Goodwin Rd		Amount of Each Receipt this Period 19.25
City Chattanooga	State TN	Zip Code 37421-3183
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.25	

Full Name (Last, First, Middle Initial) B. Mark A. Parsons		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-425-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 50.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SVP Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Allen C. Perez		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-31981-20-23
Mailing Address 2900 North Loop W		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77092-8841
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Marketing Product Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	169.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jeffrey T. Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-7703-20-23
 Amount of Each Receipt this Period
10.00

B. Heather R. Peterson
 Full Name (Last, First, Middle Initial)
 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 Cigna Corp. Occupation Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-30718-20-23
 Amount of Each Receipt this Period
50.00

C. Danthu T. Phan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St
 # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-10678-20-23
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **110.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 82 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael J. Pollard

Mailing Address 7040 Key Haven Rd
Apt 505

City Seminole State FL Zip Code 33777-3861

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Business Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-22131-20-23

Amount of Each Receipt this Period
9.62

Full Name (Last, First, Middle Initial)
B. David M. Porcello

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1239-20-23

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Jonathan M. Prokup

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-21840-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	109.62
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 83 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Philip Rabinowitz
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Park Lane Dr

City Pittsburgh State PA Zip Code 15275

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-11446-20-23

Amount of Each Receipt this Period
40.00

B. Edward J. Rado
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-16087-20-23

Amount of Each Receipt this Period
75.00

C. Eugene J. Rapisardi
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Brand Blvd

City Glendale State CA Zip Code 91203-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-13906-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **165.00**

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

**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)	PAGE 84 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. John F. Rausch
Full Name (Last, First, Middle Initial)

Mailing Address 161 N Cardinal St

City Gilbert State AZ Zip Code 85234-1314

FEC ID number of contributing federal political committee. **C**

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-5553-20-23

Amount of Each Receipt this Period 9.62

B. William J. Reedy
Full Name (Last, First, Middle Initial)

Mailing Address Stapley Corporate Center

City Mesa State AZ Zip Code 85204

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna HEALTHCARE OF AZ, INC Occupation Urgent Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-5422-20-23

Amount of Each Receipt this Period 20.00

C. Brett A. Reinholz
Full Name (Last, First, Middle Initial)

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Administration Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-3831-20-23

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.62

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

**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)	PAGE 85 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Thomas B. Richards
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Strategy and Bus Developmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-616-20-23

Amount of Each Receipt this Period **25.00**

B. Nancy E. Richmond
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Park Lane Dr

City Pittsburgh State PA Zip Code 15275

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Clinical Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2868-20-23

Amount of Each Receipt this Period **10.00**

c. Jeffrey T. Rigg
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-19420-20-23

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Catherine M. Riley
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Faber Place Dr

City Charleston State SC Zip Code 29405-8585

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1948-20-23

Amount of Each Receipt this Period 50.00

B. Cathryn Riley
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Operations Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-16428-20-23

Amount of Each Receipt this Period 21.00

C. Kevin L. Ritchie
Full Name (Last, First, Middle Initial)

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017-3144

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-792-20-23

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 146.00

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

**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)	PAGE 87 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael G. Rogers

Mailing Address 1000 Corporate Centre Dr

City State Zip Code
Franklin TN 37067-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-5951-20-23

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Amy R. Rothenberger

Mailing Address 10490 Little Patuxent Pkwy

City State Zip Code
Columbia MD 21044-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Client Account Support Sr Spec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2585-20-23

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
c. John Rottkamp

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO VP Enterprise Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-1773-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 88 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David A. Russell
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Actuarial Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-1789-20-23

Amount of Each Receipt this Period **100.00**

B. Diane C. Russell
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Marketing Product Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-2746-20-23

Amount of Each Receipt this Period **15.00**

C. Mitch A. Rydzewski
Full Name (Last, First, Middle Initial)

Mailing Address 3103 Russell Ave

City Parma State OH Zip Code 44134-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation App Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-23470-20-23

Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional)..... **34.62**

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

**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)	PAGE 89 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Thomas M. Sakorafis
Full Name (Last, First, Middle Initial)

Mailing Address 13874 N Open Green Dr

City State Zip Code
Oro Valley AZ 85755-5934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Account Manager-National Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-4256-20-23

Amount of Each Receipt this Period
10.00

B. Richard B. Salmon
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-1808-20-23

Amount of Each Receipt this Period
30.00

c. Jon L. Sandberg
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cigna Corp. Business Comm Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2014
Transaction ID : 20141006-21714-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

**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)	PAGE 90 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Paul A. Sanford
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Operating Effectiveness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-7628-20-23

Amount of Each Receipt this Period 192.00

B. David N. Sasportas
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-377-20-23

Amount of Each Receipt this Period 50.00

C. Frank Sataline
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP Chief Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1785.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-426-20-23

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 327.00

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

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

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

FOR LINE NUMBER: PAGE 91 OF 118
(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 (Last, First, Middle Initial)
A. David A. Savino

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Compliance Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-585-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Randy Savona

Mailing Address 8505 E Orchard Rd

City State Zip Code
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9573-20-23

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Frederick E. Scardelletta

Mailing Address 1601 Chestnut St
 # 2

City State Zip Code
 Philadelphia PA 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 INT'L REHAB. ASSOCIATES, INC. Provider Contracting Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2718-20-23

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

**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)	PAGE 92 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David S. Scheibe
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Treasury Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-1312-20-23

Amount of Each Receipt this Period
50.00

B. Ralph V. Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Business Analysis Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-12323-20-23

Amount of Each Receipt this Period
10.00

c. John E. Shepard
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-7352-20-23

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

**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)	PAGE 93 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Kenneth R. Silvay
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-961-20-23

Amount of Each Receipt this Period 50.00

B. Marcus D. Skipwith
Full Name (Last, First, Middle Initial)

Mailing Address 2 Chase Corporate Dr

City Hoover State AL Zip Code 35244-1016

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation App Development Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-31550-20-23

Amount of Each Receipt this Period 25.00

C. Brian M. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 4778 Somerset Ln

City Macungie State PA Zip Code 18062-8210

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Business Project Sr Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-12413-20-23

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.62

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

**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)	PAGE 94 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. David B. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9691-20-23
 Amount of Each Receipt this Period
 100.00

B. Jay Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9746-20-23
 Amount of Each Receipt this Period
 25.00

C. Raymond Smithberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-9813-20-23
 Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional).....▶	54.25
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 95 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Diana Sousa
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Business Comm Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1890.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-19530-20-23

Amount of Each Receipt this Period **90.00**

B. Kenneth Stapleton
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation HR Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **404.25**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-9900-20-23

Amount of Each Receipt this Period **19.25**

C. Todd J. Stephens
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-4708-20-23

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **119.25**

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

**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)	PAGE 96 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jennifer Stepp
Full Name (Last, First, Middle Initial)

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **397.68**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-3797-20-23

Amount of Each Receipt this Period **14.81**

B. Mark D. Still
Full Name (Last, First, Middle Initial)

Mailing Address 350 Hillside St

City Yarmouth State ME Zip Code 04096-8379

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-210-20-23

Amount of Each Receipt this Period **10.00**

C. Daniel M. Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Corporate Centre Dr

City Franklin State TN Zip Code 37067-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-1518-20-23

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **39.81**

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

**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)	PAGE 97 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Gregory J. Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **565.53**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-10377-20-23

Amount of Each Receipt this Period **26.93**

B. Gerald T. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4032.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-16145-20-23

Amount of Each Receipt this Period **192.00**

C. Paul C. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 2223 Washington St

City Newton State MA Zip Code 02462-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-12757-20-23

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **233.93**

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

**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)	PAGE 98 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Shelly Swinford
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.82

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-3779-20-23
 Amount of Each Receipt this Period
 18.53

B. Jan C. Sykes
 Full Name (Last, First, Middle Initial)
 Mailing Address 25500 N Norterra Dr Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna HEALTHCARE OF AZ, INC Occupation Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-7931-20-23
 Amount of Each Receipt this Period
 50.00

C. Neil B. Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 10 / 09 / 2014
Transaction ID : 20141006-17329-20-23
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.53
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 99 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Jeffrey Thackeray
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Corporate Centre Dr

City Franklin State TN Zip Code 37067-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-201-20-23

Amount of Each Receipt this Period
10.00

B. Doryne Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-9778-20-23

Amount of Each Receipt this Period
50.00

C. Stephen M. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-746-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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

**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)	PAGE 100 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Jeffrey E. Tindall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-10564-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 420.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Government Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Elizabeth A. Tingley-Pigge		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-4285-20-23
Mailing Address 68 Laredo Ct		Amount of Each Receipt this Period 10.00
City Iowa City	State IA	Zip Code 52246-8627
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Rhonda L. Toole		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-3317-20-23
Mailing Address 5556 Indigo Fields Blvd		Amount of Each Receipt this Period 15.00
City North Charleston	State SC	Zip Code 29418-2626
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Segment Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 101 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Rachel M. Tressy

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Audit Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-7586-20-23

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Michael W. Triplett

Mailing Address 901 E Cary St

City Richmond State VA Zip Code 23219-4063

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-672-20-23

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Beth W. Truffer

Mailing Address 10490 Little Patuxent Pkwy

City Columbia State MD Zip Code 21044-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corporation Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-11483-20-23

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

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

**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)	PAGE 102 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. James C. Tsokalas
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-16782-20-23

Amount of Each Receipt this Period
10.00

B. Amy J. Turkington
Full Name (Last, First, Middle Initial)

Mailing Address 38901 Detroit Rd

City Avon State OH Zip Code 44011-2160

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Business Comm Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-3607-20-23

Amount of Each Receipt this Period
10.00

C. Julie A. Vayer
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna BEHAVIORAL HEALTH, INC. Occupation VP Total Health & Network Oper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt
10 / 09 / 2014
Transaction ID : 20141006-7568-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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

**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)	PAGE 103 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Jennifer L. Velasquez		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-32097-20-23
Mailing Address Health Plans Inc		Amount of Each Receipt this Period 84.62
City Miami	State FL	Zip Code 33165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cigna Corp.	Occupation App Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Daniel Vigil		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-23066-20-23
Mailing Address 201 50th Ave # P3A		Amount of Each Receipt this Period 9.62
City Long Island City	State NY	Zip Code 11101-5824
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Government Affairs Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

Full Name (Last, First, Middle Initial) C. Martha I. Vinas		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014 Transaction ID : 20141006-20707-20-23
Mailing Address 5304 Fishhawk Ridge Dr		Amount of Each Receipt this Period 25.00
City Lithia	State FL	Zip Code 33547-3966
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Business Project Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	84.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael T. Wade		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Hartford CT 06152-0001		Transaction ID : 20141006-8302-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Cigna Corp. Assoc Chief Counsel		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) B. Pamela A. Wagner		Date of Receipt
Mailing Address 8505 E Orchard Rd		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Greenwood Village CO 80111-5002		Transaction ID : 20141006-15269-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Cigna Corp. Financial Analysis Manager		<input type="text" value="9.62"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202.02"/>	

Full Name (Last, First, Middle Initial) C. Brian Wallach		Date of Receipt
Mailing Address 1601 Chestnut St # TL18R		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Philadelphia PA 19192-0002		Transaction ID : 20141006-6754-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Provider Contracting Sr Dir		<input type="text" value="29.93"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="508.81"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="49.55"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)	PAGE 105 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Patricia J. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-19463-20-23

Amount of Each Receipt this Period **100.00**

B. Joseph Wankerl
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **212.10**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-8027-20-23

Amount of Each Receipt this Period **10.10**

C. Justin J. Warrington
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Financial Strategy Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-2113-20-23

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **130.10**

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

**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)	PAGE 106 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Philip J. Wasden		Date of Receipt 10 / 09 / 2014 Transaction ID : 20141006-4879-20-23
Mailing Address Two Securities Centre		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		
Name of Employer CIGNA HEALTHCARE OF GA, INC.	Occupation Manager Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Eric E. Wawrzon		Date of Receipt 10 / 09 / 2014 Transaction ID : 20141006-32301-20-23
Mailing Address 530 Great Circle Rd		Amount of Each Receipt this Period 20.00
City Nashville	State TN	Zip Code 37228-1309
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Technical Support Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Peter B. Welch		Date of Receipt 10 / 09 / 2014 Transaction ID : 20141006-7355-20-23
Mailing Address 1 Front St		Amount of Each Receipt this Period 25.00
City San Francisco	State CA	Zip Code 94111-5325
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 118
(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 (Last, First, Middle Initial)
A. William M. Welch

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-21727-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Jennifer L. Wheatley

Mailing Address 8505 E Orchard Rd

City State Zip Code
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-15378-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Christopher J. Whelan

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Financial Analysis Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-10209-20-23

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

**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)	PAGE 108 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Thomas P. Whelan
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation App Development Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-19230-20-23

Amount of Each Receipt this Period **10.00**

B. Reginald White
Full Name (Last, First, Middle Initial)

Mailing Address Two Securities Centre

City Atlanta State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Director-Sales Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-10848-20-23

Amount of Each Receipt this Period **50.00**

C. Deborah B. Wiacek
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Investment Sr Managing Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 09 / 2014**

Transaction ID : 20141006-657-20-23

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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

**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)	PAGE 109 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Lance Wilkes
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Strategy Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-7552-20-23

Amount of Each Receipt this Period 50.00

B. Diane M. Wilkosz
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer CIGNA HEALTHCARE OF FL, INC Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 962.00

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-1859-20-23

Amount of Each Receipt this Period 74.00

C. Melanie A. Wimbley
Full Name (Last, First, Middle Initial)

Mailing Address 7907 Down Royal Rd

City Tampa State FL Zip Code 33610-8062

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Business Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 09 / 2014
Transaction ID : 20141006-2885-20-23

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional).....▶ 133.62

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

**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)	PAGE 110 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Daniel Wiss
Full Name (Last, First, Middle Initial)
Mailing Address 231 S Bemiston Ave
City Clayton State MO Zip Code 63105-1914
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **840.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-8755-20-23
Amount of Each Receipt this Period **40.00**

B. Bradley A. Wolfram
Full Name (Last, First, Middle Initial)
Mailing Address 11200 Lakeline Blvd Ste 100
City Austin State TX Zip Code 78717-5964
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Operations Senior Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1575.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-32691-20-23
Amount of Each Receipt this Period **75.00**

C. Martha M. Wood
Full Name (Last, First, Middle Initial)
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 LIFE INS. CO. OF NORTH AMERICA Occupation Business Project Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 09 / 2014**
Transaction ID : 20141006-2260-20-23
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **125.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 111 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. John M. Wray
Full Name (Last, First, Middle Initial)

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017-3144

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation VP Network Delivery Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-22625-20-23

Amount of Each Receipt this Period
175.00

B. Bu Yang
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1155.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-7306-20-23

Amount of Each Receipt this Period
55.00

C. John Yardley
Full Name (Last, First, Middle Initial)

Mailing Address 9 Griffin Rd. North, Data Center

City Windsor State CT Zip Code 06095

FEC ID number of contributing federal political committee. **C**

Name of Employer Cigna Corp. Occupation Technical Support Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-20983-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 112 OF 118
(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 (Last, First, Middle Initial)
A. Jeffrey Young

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Informatics/Analytics Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-296-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Michael J. Young

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Operations Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-2726-20-23

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
c. David G. Zach

Mailing Address 9 Heritage Ln

City State Zip Code
 Phoenixville PA 19460-4607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. Sales Director-Sales Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-24962-20-23

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

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

FOR LINE NUMBER: PAGE 113 OF 118
(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 (Last, First, Middle Initial)
A. George Zaruba

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Cigna Corp. VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3234.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 20141006-23178-20-23

Amount of Each Receipt this Period
 154.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	13250.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alaskans for Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement
2014 General

011

Candidate Name

Mark Peter Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : 2B18936C02427C5B41D

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Blue Hen PAC

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Blue Hen PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : F394D69C66A93B6C8EA

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2014 General

011

Candidate Name

Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : 35C118357C605D6493F

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	5	0	0	.	0	0
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8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
2014 General

011

Candidate Name

Christopher Andrew Coons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 5D278FF56AF33F25459

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : E2ED41161345E15182E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Fearless PAC

Mailing Address PO Box 37

City Boulder State CO Zip Code 80306

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Fearless PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : C005C99A3C509AD9ECA

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2014 General

011

Candidate Name

Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : EC7E03E87F832FD4E1A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jim Inhofe

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement
2014 General

011

Candidate Name

James Mountain Inhofe

Category/
Type

Office Sought: House
 Senate
 President
State: OK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 193C40A4E7496C74777

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Himes for Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
2014 General

011

Candidate Name

James A. Himes

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 34285F5593AC34E65E8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Garcia for Congress

Mailing Address PO Box 330871

City Miami State FL Zip Code 33233

Purpose of Disbursement
2014 General

011

Candidate Name

Jose A. Garcia

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 7B391F4104A458041A8

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 1C9B7B01A3E82B6FD57

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Terri Sewell for Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
2014 General

011

Candidate Name

Terri A. Sewell

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : 25A31C3032CA6CFDD0B

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

29500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diamond PAC

Mailing Address 10 Crown Point

City Windham State ME Zip Code 04062

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 28A487F50ACDAC4CEE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ducey 2014

Mailing Address PO Box 12558

City Phoenix State AZ Zip Code 85002

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : 22E34EB27C034A8222B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Vote Reagan 2014

Mailing Address 3104 E Camelback Road, # 112

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

Transaction ID : B3DB25982904693E15A

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

3500.00
