

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CIGNA Corporation Political Action Committee

ADDRESS (number and street) Two Liberty Place  
1601 Chestnut St-TL16B  
 Check if different than previously reported. (ACC)  
Philadelphia PA 19192

2. **FEC IDENTIFICATION NUMBER** C00085316  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mari Newman

Signature of Treasurer Electronically Filed by Mari Newman Date 03 13 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		12499.05
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	18996.77									
(c) Total Receipts (from Line 19) .....	15369.51	36067.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	34366.28	48566.28								
7. Total Disbursements (from Line 31) .....	11000.00	25200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23366.28	23366.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	4004.61	7638.91
(i) Itemized (use Schedule A) .....	11364.90	26132.32
(ii) Unitemized .....	15369.51	33771.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15369.51	33771.23
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	2296.00
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 Transfer (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)) .....	15369.51	36067.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15369.51	36067.23

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	11000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	600.00
(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	600.00
29. Other Disbursements.....	5000.00	13600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	11000.00	25200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	25200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	15369.51	33771.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15369.51	33171.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)

<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

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.**

Full Name (Last, First, Middle Initial)  
James Austin

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85248

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC  
Occupation General Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.15

Date of Receipt 02 / 21 / 2008  
**Transaction ID:** 20080218-7369-23-38  
Amount of Each Receipt this Period 50.28

**B.**

Full Name (Last, First, Middle Initial)  
W. Barksdale

Mailing Address 2632 Lovejoy Cir

City Duluth State GA Zip Code 30097

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

Name of Employer CHC Contracting and Network De  
Occupation Provider Contracting Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 07 / 2008  
**Transaction ID:** 20080214-16956-10-10  
Amount of Each Receipt this Period 85.00

**C.**

Full Name (Last, First, Middle Initial)  
W. Barksdale

Mailing Address 2632 Lovejoy Cir

City Duluth State GA Zip Code 30097

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

Name of Employer CHC Contracting and Network De  
Occupation Provider Contracting Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 02 / 21 / 2008  
**Transaction ID:** 20080218-16894-23-38  
Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.28

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 7 / 20
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brett C. Browchuk	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 385 Deercliff Road	<b>Transaction ID:</b> 20080214-19976-10-10
	City Avon State CT Zip Code 06001	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CIGNA Corporation Occupation Svp Service Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brett C. Browchuk	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 385 Deercliff Road	<b>Transaction ID:</b> 20080218-19886-23-38
	City Avon State CT Zip Code 06001	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CIGNA Corporation Occupation Svp Service Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert F. Clark	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 2 Reed Hill Rd	<b>Transaction ID:</b> 20080214-491-10-10
	City Granby State CT Zip Code 06035	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CIGNA CORPORATION Occupation Vice President Coli Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>282.00</b>
<b>TOTAL</b> 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 8 / 20  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Robert F. Clark

Mailing Address 2 Reed Hill Rd

City State Zip Code  
Granby CT 06035

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

Name of Employer Occupation  
CIGNA CORPORATION Vice President Coli

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID:** 20080218-489-23-38

Amount of Each Receipt this Period  
90.00

**B.**

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

Mailing Address 32 Lucy Way

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO President Cigna Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID:** 20080214-602-10-10

Amount of Each Receipt this Period  
120.00

**C.**

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

Mailing Address 32 Lucy Way

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO President Cigna Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID:** 20080218-600-23-38

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

**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: <span style="float: right;">PAGE 9 / 20</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen E. Ferrell		Date of Receipt
	Mailing Address 1005 Chesson Ct		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alpharetta	GA	30022
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Svp Contr Provid Netwk Med Mgt	Transaction ID: 20080214-14999-10-10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="340.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen E. Ferrell		Date of Receipt
	Mailing Address 1005 Chesson Ct		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alpharetta	GA	30022
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Svp Contr Provid Netwk Med Mgt	Transaction ID: 20080218-14945-23-38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="340.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="85.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard H. Forde		Date of Receipt
	Mailing Address 5 Brighton Ln		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Simsbury	CT	06070
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Svp Chief Investment Officer	Transaction ID: 20080214-1135-10-10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="360.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="260.00"/>
<b>TOTAL</b> 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 10 / 20
	<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.**

Full Name (Last, First, Middle Initial)  
Richard H. Forde

Mailing Address 5 Brighton Ln

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Svp Chief Investment Officer  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID:** 20080218-1130-23-38

Amount of Each Receipt this Period  
90.00

**B.**

Full Name (Last, First, Middle Initial)  
Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City State Zip Code  
Scotch Plains NJ 07076

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

Name of Employer Occupation  
CGI CGI Executive Staff Vice President Sales and Emerging Mkts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID:** 20080214-20349-10-10

Amount of Each Receipt this Period  
90.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City State Zip Code  
Scotch Plains NJ 07076

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

Name of Employer Occupation  
CGI CGI Executive Staff Vice President Sales and Emerging Mkts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID:** 20080218-20255-23-38

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **270.00**

**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 11 / 20  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
H. Hanway

Mailing Address 1005 Bent Rd

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Chairman and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID:** 20080214-3801-10-10

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)  
H. Hanway

Mailing Address 1005 Bent Rd

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Chairman and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID:** 20080218-3787-23-38

Amount of Each Receipt this Period  
192.30

**C.**

Full Name (Last, First, Middle Initial)  
G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code  
Fairfax VA 22039

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

Name of Employer Occupation  
L&PA CIGNA-General Counsel Vice President Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID:** 20080214-19890-10-10

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **454.60**

**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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) G. Hoagland		Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 10012 Rough Run Court		<b>Transaction ID:</b> 20080218-19800-23-38
	City	State	Zip Code
	Fairfax	VA	22039
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer L&PA CIGNA-General Counsel		Occupation Vice President Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John M. Murabito		Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 105 Mill View Ln		<b>Transaction ID:</b> 20080214-14655-10-10
	City	State	Zip Code
	Newtown Square	PA	19073
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer CIGNA CORPORATION		Occupation E.V.P. Human Resources & Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John M. Murabito		Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 105 Mill View Ln		<b>Transaction ID:</b> 20080218-14602-23-38
	City	State	Zip Code
	Newtown Square	PA	19073
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer CIGNA CORPORATION		Occupation E.V.P. Human Resources & Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> 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 13 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffery L. Novak		Date of Receipt
	Mailing Address 34 Sherman Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Malvern	PA	19355
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080214-11554-10-10
Name of Employer CIGNA CORPORATION		Occupation Vice President Oper Effectiveness & Pr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffery L. Novak		Date of Receipt
	Mailing Address 34 Sherman Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Malvern	PA	19355
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080218-11514-23-38
Name of Employer CIGNA CORPORATION		Occupation Vice President Oper Effectiveness & Pr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charlene Parsons		Date of Receipt
	Mailing Address 1179 Colts Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080214-15244-10-10
Name of Employer CIGNA CORPORATION		Occupation Vice President Talent Optimization	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 260.00
<b>TOTAL</b> 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 14 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlene Parsons		Date of Receipt
	Mailing Address 1179 Colts Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080218-15192-23-38
Name of Employer CIGNA CORPORATION		Occupation Vice President Talent Optimization	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John R. Perlstein		Date of Receipt
	Mailing Address 19 Clover Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manchester	CT	06040
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080214-2121-10-10
Name of Employer CIGNA CORPORATION		Occupation Vice President Chief Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John R. Perlstein		Date of Receipt
	Mailing Address 19 Clover Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manchester	CT	06040
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20080218-2115-23-38
Name of Employer CIGNA CORPORATION		Occupation Vice President Chief Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 260.00
<b>TOTAL</b> 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 15 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Petren		Date of Receipt	
	Mailing Address The Ayer - #10 SW		M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 20080214-18268-10-10
	Philadelphia	PA	19106-3581	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		192.00	
Name of Employer ADM CEO Staff		Occupation E.V.P. Genl Counsel & Pub Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 768.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Carol Petren		Date of Receipt	
	Mailing Address The Ayer - #10 SW		M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 20080218-18192-23-38
	Philadelphia	PA	19106-3581	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		192.00	
Name of Employer ADM CEO Staff		Occupation E.V.P. Genl Counsel & Pub Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 768.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J. Ross		Date of Receipt	
	Mailing Address 147 Old Gulph Rd		M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 20080214-13249-10-10
	Wynnewood	PA	19096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		96.00	
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Vice President Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</b>
<b>TOTAL</b> 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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Ross	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 147 Old Gulph Rd	<b>Transaction ID:</b> 20080218-13207-23-38
	City Wynnewood State PA Zip Code 19096	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan N. Rubin	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 108 W Mountain Rd	<b>Transaction ID:</b> 20080214-1459-10-10
	City West Simsbury State CT Zip Code 06092	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Svp Bfo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan N. Rubin	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 108 W Mountain Rd	<b>Transaction ID:</b> 20080218-1454-23-38
	City West Simsbury State CT Zip Code 06092	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Svp Bfo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>266.00</b>
<b>TOTAL</b> 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 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Sataline		Date of Receipt
	Mailing Address 18 Wyndham Ln		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Farmington	CT	06032
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 20080214-588-10-10
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Vice President Senior Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Sataline		Date of Receipt
	Mailing Address 18 Wyndham Ln		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Farmington	CT	06032
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 20080218-586-23-38
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Vice President Senior Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="85.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Otha T. Spriggs		Date of Receipt
	Mailing Address 235 Ansley Close		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Roswell	GA	30075
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 20080214-11812-10-10
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Vice President Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="85.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="255.00"/>
<b>TOTAL</b> 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 18 / 20
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Otha T. Spriggs	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 235 Ansley Close	<b>Transaction ID:</b> 20080218-11772-23-38
	City State Zip Code Roswell GA 30075	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Vice President Human Resources Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott D. Watson	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 1813 Shadywood Ct	<b>Transaction ID:</b> 20080214-5893-10-10
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 204.79
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Senior Account Manager Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 343.46	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott D. Watson	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 1813 Shadywood Ct	<b>Transaction ID:</b> 20080218-5867-23-38
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 106.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Senior Account Manager Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 343.46	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>396.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4004.61</b>

**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)

PAGE 19 / 20

<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

**A.**

Full Name (Last, First, Middle Initial)  
Murtha for Congress Committee

**Transaction ID:** 54b6f9e7695eb5687b7  
Date of Disbursement

Mailing Address Suite 120 551 Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code  
Johnstown PA 15901

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2008 Primary

011
-----

Category/  
Type

Candidate Name  
John Murtha

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: PA District: 12

**B.**

Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

**Transaction ID:** fbbf286a9724afd670c  
Date of Disbursement

Mailing Address 320 First Street NE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2008 Contribution

011
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Contribution

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

6000.00
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**TOTAL** This Period (last page this line number only) ..... ►

6000.00
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**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)

PAGE 20 / 20

<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

A.

Full Name (Last, First, Middle Initial)  
Kip Averitt Campaign

Transaction ID: 4eac923cec86a139196  
Date of Disbursement

Mailing Address PO Box 20683

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City Waco State TX Zip Code 76702

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Nonfederal Contribution  
Candidate Name

011
Category/ Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Robert Duncan Campaign

Transaction ID: 829f43668996dba0abb  
Date of Disbursement

Mailing Address PO Box 2309

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City Lubbock State TX Zip Code 79408

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Nonfederal Contribution  
Candidate Name

011
Category/ Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5000.00
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TOTAL This Period (last page this line number only) ..... ▶

5000.00
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