

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Cigna Corporation Political Action Committee

ADDRESS (number and street) 601 Pennsylvania Avenue NW South Building Suite 835 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00085316 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2016 through 09/30/2016

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

Type or Print Name of Treasurer

Signature of Treasurer Julason Damato, Kristin, , , [Electronically Filed] Date 10/05/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Signa 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="2016"/>	<input type="text" value="242946.08"/>	<input type="text" value="242946.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="231521.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="46535.41"/>	<input type="text" value="437486.32"/>
(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="278057.40"/>	<input type="text" value="680432.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55600.00"/>	<input type="text" value="457975.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222457.40"/>	<input type="text" value="222457.40"/>
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).....	35548.89	271000.15
(ii) Unitemized	10986.52	166486.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46535.41	437486.32
(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)	46535.41	437486.32
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	0.00
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)).....▶	46535.41	437486.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46535.41	437486.32

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	1175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	273500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	20600.00	183300.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	55600.00	457975.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55600.00	457975.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	46535.41	437486.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46535.41	437486.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1175.00
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	1175.00

**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 241
<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. Abate, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2945.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-16640-10-31
 Amount of Each Receipt this Period 155.00
 Memo Item

B. Abate, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2945.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16574-21-53
 Amount of Each Receipt this Period 155.00
 Memo Item

C. Adamsons, Linda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-951-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 241
	<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. Adamsons, Linda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-950-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Alcedo, Marc, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 Canonero Dr
 City Austin State TX Zip Code 78746-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20082-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Alcedo, Marc, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 Canonero Dr
 City Austin State TX Zip Code 78746-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19998-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 8 OF 241
	<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. Alexander, Michael, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 E 15th St
 City Ship Bottom State NJ Zip Code 08008-4467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.67

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10245-10-31
 Amount of Each Receipt this Period 26.93
 Memo Item

B. Alexander, Michael, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 E 15th St
 City Ship Bottom State NJ Zip Code 08008-4467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.67

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10200-21-53
 Amount of Each Receipt this Period 26.93
 Memo Item

C. Allen, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28462-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.86
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 241
	<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. Allen, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28333-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Andrews, Sharon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Chandler Pond Dr
 City Lawrenceville State GA Zip Code 30043-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13403-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Andrews, Sharon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Chandler Pond Dr
 City Lawrenceville State GA Zip Code 30043-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13342-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 10 OF 241
	<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. Anifowoshe, Olumide, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29073-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Anifowoshe, Olumide, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28941-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Antonello, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3288-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 11 OF 241
	<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. Antonello, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3274-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Armata, Raegan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-198-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Armata, Raegan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-198-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 12 OF 241
<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. Arndt, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7227-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Arndt, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7203-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Asbaty, Ann, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-292-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 13 OF 241
	<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. Asbaty, Ann, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-292-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Aube, Jacquelyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Customer Adoption Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1562-10-31
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Aube, Jacquelyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Customer Adoption Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1560-21-53
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 14 OF 241
	<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. Awasthi, Sanjiv, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Real Estate Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18810-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Awasthi, Sanjiv, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Real Estate Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18731-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Bacus, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Chief Marketing Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21979-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.00
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 15 OF 241
	<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. Bacus, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21882-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Bailey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10132-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bailey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10087-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 16 OF 241
	<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. Bailey, Rick, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13424-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bailey, Rick, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13363-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Baldwin, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 59th St
 City West Des Moines State IA Zip Code 50266-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22732-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 17 OF 241
	<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. Baldwin, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 59th St
 City West Des Moines State IA Zip Code 50266-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22633-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Banach, Christine, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-945-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Banach, Christine, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-944-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 18 OF 241
	<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. Beaugard, Michelle, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12458-10-31
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Beaugard, Michelle, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12402-21-53
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Benedict, Amie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6348-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 241
<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. Benedict, Amie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6328-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Berardo, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1890-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Berardo, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1886-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 20 OF 241
	<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. Bogan, John, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20352-10-31
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Bogan, John, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20268-21-53
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Bolden, Ronald, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8280-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
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 21 OF 241
(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. Bolden, Ronald, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Provider Contracting Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 20160919-8248-21-53

Amount of Each Receipt this Period
15.00

Memo Item

B. Borden, Eva, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 W Lane Ct

City Panora	State IA	Zip Code 50216-1145
----------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

Transaction ID : 20160906-2161-10-31

Amount of Each Receipt this Period
50.00

Memo Item

C. Borden, Eva, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 W Lane Ct

City Panora	State IA	Zip Code 50216-1145
----------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 20160919-2157-21-53

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 22 OF 241
	<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. Boxer, Mark, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8354-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Boxer, Mark, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8322-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Bradbury, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22389-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 23 OF 241
	<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. Bradbury, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22291-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brew, Conway, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6814-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Brew, Conway, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6791-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 24 OF 241
	<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

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. Brogna, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Carey St
 City Plains State PA Zip Code 18705-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12748-10-31
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Brogna, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Carey St
 City Plains State PA Zip Code 18705-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12691-21-53
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Browchuk, Brett, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Service Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12208-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.00
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 241
	<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. Browchuk, Brett, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12152-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Brown, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7346-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Brown, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7321-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 26 OF 241
<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. Brundin, Kelly, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Meadowview Ct
 City Maple Glen State PA Zip Code 19002-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Financial Plng & Analysis
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2698-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brundin, Kelly, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Meadowview Ct
 City Maple Glen State PA Zip Code 19002-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Financial Plng & Analysis
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2687-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Brunetti, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Tax Senior Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1830-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 27 OF 241
	<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. Brunetti, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Tax Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1828-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Brzezinski, Zigmund, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.45

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2306-10-31
 Amount of Each Receipt this Period 18.53
 Memo Item

C. Brzezinski, Zigmund, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.45

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2298-21-53
 Amount of Each Receipt this Period 18.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.06
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 28 OF 241
	<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. Buckley, M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.62

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3857-10-31
 Amount of Each Receipt this Period 12.50
 Memo Item

B. Buckley, M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.62

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3841-21-53
 Amount of Each Receipt this Period 106.50
 Memo Item

C. Buckley, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Internation Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-11379-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	244.00
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 241
	<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. Buckley, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Internation Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-11332-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Bucklin, Nancy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5028-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bucklin, Nancy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5013-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 241
	<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. Burchill, Claire, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1606-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Burchill, Claire, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1604-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Butkus, Glenn, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Sales Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-316-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 31 OF 241
	<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. Butkus, Glenn, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Sales Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-316-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Butler, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8011-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Butler, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7980-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 170.00
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 241
<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. Cantelmo, Karen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Sunset Hill Rd
 City Simsbury State CT Zip Code 06070-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3894-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Cantelmo, Karen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Sunset Hill Rd
 City Simsbury State CT Zip Code 06070-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3878-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Cantrell, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Corporate Security Sr Spec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4814-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

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 33 OF 241
(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. Cantrell, John, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1640 Dallas Pkwy

City Plano	State TX	Zip Code 75093-4515
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) Corporate Security Sr Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
09 / 22 / 2016
Transaction ID : 20160919-4799-21-53

Amount of Each Receipt this Period
15.00

Memo Item

B. Carlson, William, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Real Estate Sr Managing Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1140.00

Date of Receipt
09 / 08 / 2016
Transaction ID : 20160906-630-10-31

Amount of Each Receipt this Period
60.00

Memo Item

C. Carlson, William, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Real Estate Sr Managing Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1140.00

Date of Receipt
09 / 22 / 2016
Transaction ID : 20160919-629-21-53

Amount of Each Receipt this Period
60.00

Memo Item

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: (check only one)	PAGE 34 OF 241
	<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. Caron, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1885-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Caron, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1881-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Cayford, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-25637-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 35 OF 241
	<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. Cayford, Eric, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-25525-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cierzan, Karen, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11095 Viking Dr
 City Eden Prairie State MN Zip Code 55344-7223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA BEHAVIORAL HEALTH, INC. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5052-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Cierzan, Karen, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11095 Viking Dr
 City Eden Prairie State MN Zip Code 55344-7223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA BEHAVIORAL HEALTH, INC. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5037-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 241
	<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

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. Cieslukowski, Renee, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Strategy Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3706-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cieslukowski, Renee, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Strategy Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3690-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Clark, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Coli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1710.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-339-10-31
 Amount of Each Receipt this Period 90.00
 Memo Item

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 37 OF 241
	<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. Clark, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Coli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1710.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-339-21-53
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Coburn, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24511-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Coburn, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24407-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 38 OF 241
	<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. Cohan, Colleen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-33044-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Cohan, Colleen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 09 / 22 / 2016
Transaction ID : 20160919-32884-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Collins, Gina, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-9637-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 241
	<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. Collins, Gina, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9595-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Conners, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18657-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Conners, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18578-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 40 OF 241
	<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. Conrad, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1953-10-31
 Amount of Each Receipt this Period 28.37
 Memo Item

B. Conrad, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1949-21-53
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Consiglio, Lorraine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Security Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6622-10-31
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.99
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 241
	<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. Consiglio, Lorraine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Security Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6599-21-53
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Consolazio, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1575-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Consolazio, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1573-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

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 42 OF 241
	<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. Corbett, Natalie, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21258-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Corbett, Natalie, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21170-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cordani, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-408-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

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 43 OF 241
	<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. Cordani, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-408-21-53
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Cordova, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-13537-21-53
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Cozzo, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31792 Via Coyote
 City Coto De Caza State CA Zip Code 92679-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-9042-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	262.00
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 44 OF 241
	<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. Cozzo, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31792 Via Coyote
 City Coto De Caza State CA Zip Code 92679-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **950.00**

Date of Receipt **09 / 22 / 2016**
Transaction ID : 20160919-9005-21-53
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Crawford, Stephen, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 B Ave
 City Coronado State CA Zip Code 92118-1955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 08 / 2016**
Transaction ID : 20160906-11209-10-31
 Amount of Each Receipt this Period **25.00**
 Memo Item

C. Crawford, Stephen, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 B Ave
 City Coronado State CA Zip Code 92118-1955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 22 / 2016**
Transaction ID : 20160919-11161-21-53
 Amount of Each Receipt this Period **25.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 45 OF 241
	<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. Croes, Rebecca, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29326-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Croes, Rebecca, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29193-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Crooks, Andrew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7155-10-31
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 46 OF 241
(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. Crooks, Andrew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7131-21-53
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Crosson, Balthasar, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2310-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Crosson, Balthasar, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2302-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 47 OF 241
<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. Cuddeback, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-10154-10-31

Amount of Each Receipt this Period
25.00

Memo Item

B. Cuddeback, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-10109-21-53

Amount of Each Receipt this Period
25.00

Memo Item

C. Czar, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) Financial Analysis Sr Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-8484-10-31

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 48 OF 241
	<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. Czar, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8452-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Damato, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2127-10-31
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Damato, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2123-21-53
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
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 49 OF 241
	<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. De Jong, Johannes, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-212-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. De Jong, Johannes, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-212-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. De Rosa, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1482-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

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 50 OF 241
	<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. De Rosa, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1480-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Deforest, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Audit Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8359-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Deforest, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Audit Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8327-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 51 OF 241
	<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. Demchak, Cyanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-14893-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Demchak, Cyanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-14830-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Demonteverde, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12354-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 52 OF 241
	<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. Demonteverde, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12299-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Devine, Brendan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23001-10-31
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Devine, Brendan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22903-21-53
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
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 53 OF 241
	<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. Dimanno, Constance, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8826-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dimanno, Constance, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8790-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Doherty, Jeannine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 594.29

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-26-10-31
 Amount of Each Receipt this Period 9.62
 Memo Item

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 54 OF 241
(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. Doherty, Jeannine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 594.29

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-26-21-53
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Dours, Eugene, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.50

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4745-10-31
 Amount of Each Receipt this Period 18.50
 Memo Item

C. Dours, Eugene, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.50

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4730-21-53
 Amount of Each Receipt this Period 18.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 46.62
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 55 OF 241
(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. Doyle, Marcus, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Strat & Bus Develop Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12219-10-31
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Doyle, Marcus, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Strat & Bus Develop Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12163-21-53
 Amount of Each Receipt this Period 65.00
 Memo Item

C. Drew, Stephen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22599-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00
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 241
<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. Drew, Stephen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22500-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Durruthy, Rosanna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 Seabreeze Blvd
 City Fort Lauderdale State FL Zip Code 33316-3213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Diversity Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-17222-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Durruthy, Rosanna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 Seabreeze Blvd
 City Fort Lauderdale State FL Zip Code 33316-3213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Diversity Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-17154-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 57 OF 241
	<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. Edgeworth, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24349-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Edgeworth, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24245-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Enright, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8057-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 58 OF 241
	<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. Enright, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8026-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Evanko, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1581-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Evanko, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1579-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 59 OF 241
	<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. Evelyn, Bonnie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1671 Breakers West Blvd
 City West Palm Beach State FL Zip Code 33411-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-31447-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Evelyn, Scott, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13267-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Evelyn, Scott, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13206-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 60 OF 241
	<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. Feldman, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Social Media Mktg Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-19429-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Feldman, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Social Media Mktg Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-19347-21-53
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Fessenden, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-22443-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 61 OF 241
	<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. Fessenden, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22345-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Filiault, Scott, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2290.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-219-10-31
 Amount of Each Receipt this Period 130.00
 Memo Item

C. Filiault, Scott, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2290.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-219-21-53
 Amount of Each Receipt this Period 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
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 62 OF 241
	<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. Finizio, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Darling Ave
 City Bloomfield State NJ Zip Code 07003-5406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19914-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Finizio, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Darling Ave
 City Bloomfield State NJ Zip Code 07003-5406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19829-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Fischer-McKee, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11029 W Crestbrook Dr
 City Sun City State AZ Zip Code 85351-1057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-11102-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 63 OF 241
<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. Fischer-McKee, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11029 W Crestbrook Dr
 City Sun City State AZ Zip Code 85351-1057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-11054-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fitzpatrick, Susan, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1480-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fitzpatrick, Susan, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1478-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 64 OF 241
	<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. Fontneau, Patty, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-25531-10-31
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Fontneau, Patty, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-25419-21-53
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Foulke, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29439-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
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 65 OF 241
<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. Foulke, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29306-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Fridl, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8428-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fridl, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8396-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 66 OF 241
	<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. Fripp, Tyrone, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12771-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fripp, Tyrone, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12714-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fritch, Herbert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) President Cigna HealthSpring
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28508-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

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 67 OF 241
	<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. Fritch, Herbert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) President Cigna HealthSpring
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28379-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Garcia, Jodeen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Service Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13754-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garcia, Jodeen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Service Management Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13693-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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:	PAGE 68 OF 241
	(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. Gardner, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1777 Sentry Pkwy W
 City Blue Bell State PA Zip Code 19422-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-8985-10-31
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Gardner, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1777 Sentry Pkwy W
 City Blue Bell State PA Zip Code 19422-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-8948-21-53
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Gardner, Peter, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-29280-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 69 OF 241
	<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. Gardner, Peter, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29147-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Garvey, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1779-10-31
 Amount of Each Receipt this Period 19.25
 Memo Item

C. Garvey, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1777-21-53
 Amount of Each Receipt this Period 19.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	88.50
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 70 OF 241
(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. Gee, Willis, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8089-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gee, Willis, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8057-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gerhard, Glenn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-193-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 71 OF 241
	<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. Gerhard, Glenn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-193-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Giannoni, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 589.24

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3454-10-31
 Amount of Each Receipt this Period 38.99
 Memo Item

C. Giannoni, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 589.24

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3439-21-53
 Amount of Each Receipt this Period 7.69
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.68
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 241
	<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. Gilbert, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-30037-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gilbert, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29902-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Glover, Debra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Mainstream Dr
 City Nashville State TN Zip Code 37228-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28530-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 73 OF 241
	<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. Glover, Debra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Mainstream Dr
 City Nashville State TN Zip Code 37228-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28401-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Godsill, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3040.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8112-10-31
 Amount of Each Receipt this Period 160.00
 Memo Item

C. Godsill, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3040.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8080-21-53
 Amount of Each Receipt this Period 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 241
<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. Goglia, Ronald, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-1950-10-31

Amount of Each Receipt this Period
20.00

Memo Item

B. Goglia, Ronald, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-1946-21-53

Amount of Each Receipt this Period
20.00

Memo Item

C. Gorodetzer, Kristen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) HR&S Talent Optimization	Occupation (for Individual) VP Total Rewards & Operations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-10076-10-31

Amount of Each Receipt this Period
120.00

Memo Item

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 75 OF 241
	(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. Gorodetzer, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) HR&S Talent Optimization Occupation (for Individual) VP Total Rewards & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2265.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10031-21-53
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Gorokhovich, Victoria, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18816-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Gorokhovich, Victoria, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 241.20

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18737-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

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 76 OF 241
(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. Graves, Tania, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8179 Penn PI

City Indianapolis	State IN	Zip Code 46250-4265
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Marketing Comm Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-5372-10-31

Amount of Each Receipt this Period
75.00

Memo Item

B. Graves, Tania, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8179 Penn PI

City Indianapolis	State IN	Zip Code 46250-4265
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Marketing Comm Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-5355-21-53

Amount of Each Receipt this Period
75.00

Memo Item

C. Gray, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Strat And Bus Develop Sr Dir
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
665.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-1714-10-31

Amount of Each Receipt this Period
35.00

Memo Item

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 77 OF 241
	<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. Gray, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strat And Bus Develop Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1712-21-53
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Gray, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23752-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gray, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23648-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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: (check only one)	PAGE 78 OF 241
	<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. Greco, Allison, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) IT Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-1257-10-31

Amount of Each Receipt this Period
25.00

Memo Item

B. Greco, Allison, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) IT Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-1256-21-53

Amount of Each Receipt this Period
25.00

Memo Item

C. Green, Benjy, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) Market Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-28112-10-31

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 241
	<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. Green, Benjy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-27985-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Grimm, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6099-10-31
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Grimm, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6081-21-53
 Amount of Each Receipt this Period 35.00
 Memo Item

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 80 OF 241
	<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. Gross, Jeffrey, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15661-10-31
 Amount of Each Receipt this Period 24.00
 Memo Item

B. Gross, Jeffrey, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15599-21-53
 Amount of Each Receipt this Period 24.00
 Memo Item

C. Guest, Beth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21742-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.00
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 81 OF 241
	<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. Guest, Beth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21650-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Guilmette, David, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-16461-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Guilmette, David, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16395-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 241
	<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. Hall, Theresa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13818-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hall, Theresa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13757-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hallquist, Kerin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-550-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 83 OF 241
	<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. Hallquist, Kerin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-550-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hannah, Joseph, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4485-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hannah, Joseph, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4469-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 84 OF 241
	<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. Harris, Julian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Strategic Operations Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2448.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-31474-10-31
 Amount of Each Receipt this Period 153.00
 Memo Item

B. Harris, Julian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Strategic Operations Plng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2448.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-31332-21-53
 Amount of Each Receipt this Period 153.00
 Memo Item

C. Harrison, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Marketing Insights
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24439-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	326.00
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 85 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Harrison, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Marketing Insights
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24335-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Harvey, Joan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 S River Rd
 City Stuart State FL Zip Code 34996-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Consumer Health Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3040.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20354-10-31
 Amount of Each Receipt this Period 160.00
 Memo Item

C. Harvey, Joan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 S River Rd
 City Stuart State FL Zip Code 34996-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Consumer Health Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3040.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20270-21-53
 Amount of Each Receipt this Period 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
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 86 OF 241
	<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. Hawkins, Tobin, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Enterprise Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4651-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hawkins, Tobin, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Enterprise Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4636-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Hayes, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18140-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

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 87 OF 241
<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. Hayes, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18068-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Haynes, Ben, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3213-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Haynes, Ben, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3199-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

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 88 OF 241
	<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

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. Hicks, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-9892-10-31
 Amount of Each Receipt this Period
 115.00
 Memo Item

B. Hicks, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-9849-21-53
 Amount of Each Receipt this Period
 115.00
 Memo Item

C. Hocevar, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2185.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-8070-10-31
 Amount of Each Receipt this Period
 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
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 89 OF 241
(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. Hocevar, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2185.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8039-21-53
 Amount of Each Receipt this Period 115.00
 Memo Item

B. Hodsdon, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2692-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hodsdon, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2681-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
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 241
	<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. Horlacher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Architecture Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016

Transaction ID : 20160906-2591-10-31

Amount of Each Receipt this Period
60.00

Memo Item

B. Horlacher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Architecture Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : 20160919-2581-21-53

Amount of Each Receipt this Period
60.00

Memo Item

C. Horwitz, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) Marketing Product Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016

Transaction ID : 20160906-14838-10-31

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 91 OF 241
	<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. Horwitz, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-14775-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Howell, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20401-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Howell, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20316-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 92 OF 241
<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. Huggins, Julia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-449-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Huggins, Julia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-449-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hunigan, Daven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Systems Analysis Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.19

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2857-10-31
 Amount of Each Receipt this Period 11.43
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.43
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 93 OF 241
	(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. Hunigan, Daven, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Systems Analysis Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.19

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2844-21-53
 Amount of Each Receipt this Period 11.43
 Memo Item

B. Hurt, Jay, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29704-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hurt, Jay, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29570-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	211.43
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 241
	<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. Huseth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8033-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Huseth, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8002-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Hutton, Deborah, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Hilltop Dr
 City West Hartford State CT Zip Code 06107-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-25512-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 95 OF 241
	<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. Hutton, Deborah, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Hilltop Dr
 City West Hartford State CT Zip Code 06107-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-25400-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hyland, Christa, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8484 Westpark Dr Ste 950
 City McLean State VA Zip Code 22102-5147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24971-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Hyland, Christa, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8484 Westpark Dr Ste 950
 City McLean State VA Zip Code 22102-5147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24861-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 96 OF 241
(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. Iftekhar, Moin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 CT GENERAL LIFE INSURANCE CO IT Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-1812-10-31
 Amount of Each Receipt this Period
 14.52
 Memo Item

B. Iftekhar, Moin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Occupation (for Individual)
 CT GENERAL LIFE INSURANCE CO IT Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-1810-21-53
 Amount of Each Receipt this Period
 14.52
 Memo Item

C. Igunbor, Tamara, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W144N7150 Terrace Dr
 City State Zip Code
 Menomonee Falls WI 53051-0930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Cigna Corp. Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-23883-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.04
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: (check only one)	PAGE 97 OF 241
	<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. Igunbor, Tamara, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W144N7150 Terrace Dr
 City Menomonee Falls State WI Zip Code 53051-0930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23779-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Isabella, Ana, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 E Burbank Blvd Apt A
 City Burbank State CA Zip Code 91502-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF CA, INC. Occupation (for Individual) Business Project Sr Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5698-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Isabella, Ana, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 E Burbank Blvd Apt A
 City Burbank State CA Zip Code 91502-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF CA, INC. Occupation (for Individual) Business Project Sr Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5681-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 98 OF 241
	<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. Jack, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1171 Arroyo Grande Dr
 City Sacramento State CA Zip Code 95864-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2204.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23780-10-31
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Jack, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1171 Arroyo Grande Dr
 City Sacramento State CA Zip Code 95864-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2204.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23676-21-53
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Jacobs, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2467-10-31
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	267.00
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 99 OF 241
	<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. Jacobs, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2457-21-53
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Jacobson, Clifton, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29649-10-31
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Jacobson, Clifton, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29515-21-53
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.60
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 100 OF 241
	<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. Jameson, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5529-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jameson, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5512-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Johnson, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6106 Bascom Dr
 City Summerfield State NC Zip Code 27358-9119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-32022-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 101 OF 241
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Jeffrey, A, ,

Mailing Address 6106 Bascom Dr

City Summerfield	State NC	Zip Code 27358-9119
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Operations Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-31868-21-53

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Nicole, S, ,

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) EVP and General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-11247-10-31

Amount of Each Receipt this Period
192.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Nicole, S, ,

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) EVP and General Counsel
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3648.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-11199-21-53

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	404.00
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 241
	<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. Jones, Shadrach, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Park Ln
 City Pittsburgh State PA Zip Code 15275-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23042-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jones, Shadrach, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Park Ln
 City Pittsburgh State PA Zip Code 15275-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22943-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Jordan, Teresa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28511-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 241
	<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. Jordan, Teresa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28382-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Josephs, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Total Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6017-10-31
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Josephs, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Total Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5999-21-53
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 104 OF 241
	<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. Kaleta, Jill, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24795-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kaleta, Jill, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24688-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kalyanasundaram, Shankar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8751-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 105 OF 241
	<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. Kalyanasundaram, Shankar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8715-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Karlin, Rhonda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1542-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Karlin, Rhonda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1540-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

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 106 OF 241
<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. Keats, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Medbury Rd
 City Timonium State MD Zip Code 21093-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19456-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Keats, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Medbury Rd
 City Timonium State MD Zip Code 21093-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19374-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Keffer, Christopher, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 738.50

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28471-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 107 OF 241
<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. Keffer, Christopher, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 738.50

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28342-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kenyon, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8484 Westpark Dr Ste 950
 City McLean State VA Zip Code 22102-5147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13960-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kenyon, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8484 Westpark Dr Ste 950
 City McLean State VA Zip Code 22102-5147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13900-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 108 OF 241
	<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, Edward, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-18395-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Kim, Edward, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-18317-21-53
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Kirkner, Gary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Surfsong Rd
 City Kiawah Island State SC Zip Code 29455-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2185.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-8164-10-31
 Amount of Each Receipt this Period
 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
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 241
	<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

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. Kirkner, Gary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Surfsong Rd
 City Kiawah Island State SC Zip Code 29455-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2185.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8132-21-53
 Amount of Each Receipt this Period 115.00
 Memo Item

B. Klunkert, Kristinn, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29718-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Klunkert, Kristinn, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29584-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.00
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 110 OF 241
<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. Kucharczyk, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strategic Sourcing Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18259-10-31
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Kucharczyk, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strategic Sourcing Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18182-21-53
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Kycia, Diana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 318.86

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-816-10-31
 Amount of Each Receipt this Period 16.99
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	176.99
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 241
	<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. Kycia, Diana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.86

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-815-21-53
 Amount of Each Receipt this Period 16.99
 Memo Item

B. Laclair, Edward, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1684-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Laclair, Edward, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1682-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	56.99
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 112 OF 241
<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. Langevin, Kenneth, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1199-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Langevin, Kenneth, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1198-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lara, R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2410-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 113 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Lara, R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2401-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lazzaro, Amy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20175-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lazzaro, Amy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20091-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 114 OF 241
	<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. Lees, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-17005-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lees, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16937-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Legrier, Thulani, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.60

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-26644-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 115 OF 241
<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. Legrier, Thulani, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.60

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-26528-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Leland, Robyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28397-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Leland, Robyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28268-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 116 OF 241
	<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. Levenbach, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Actuarial Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8485-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Levenbach, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Actuarial Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8453-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lockery, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9029-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 117 OF 241
	<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. Lockery, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-8992-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Loftus, Jane, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-12699-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Loftus, Jane, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-12643-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 118 OF 241
	<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. Lopez, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1006 Columbine Rd
 City Asheville State NC Zip Code 28803-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10963-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lopez, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1006 Columbine Rd
 City Asheville State NC Zip Code 28803-1951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10915-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Macchi, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-727-10-31
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
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 119 OF 241
	<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. Macchi, Scott, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Business IT Sr Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-726-21-53

Amount of Each Receipt this Period
55.00

Memo Item

B. Machata, Nora, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Project Management Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-28958-10-31

Amount of Each Receipt this Period
15.00

Memo Item

C. Machata, Nora, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Project Management Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-28826-21-53

Amount of Each Receipt this Period
15.00

Memo Item

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 120 OF 241
	<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

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. Maesner, Jon, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Clinical Program Sr Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-5417-10-31

Amount of Each Receipt this Period
15.00

Memo Item

B. Maesner, Jon, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Clinical Program Sr Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-5400-21-53

Amount of Each Receipt this Period
15.00

Memo Item

C. Maher, William, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Financial Analysis Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-2836-10-31

Amount of Each Receipt this Period
12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
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 121 OF 241
	<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. Maher, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2823-21-53
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Malley, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 W Saddle River Rd
 City Ho Ho Kus State NJ Zip Code 07423-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24507-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Malley, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 W Saddle River Rd
 City Ho Ho Kus State NJ Zip Code 07423-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24403-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 112.00
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 122 OF 241
	<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. Maltby, A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-17342-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Maltby, A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-17273-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Manders, Matthew, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Pres US Mkts & Global HC Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1835-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

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 123 OF 241
<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. Manders, Matthew, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Pres US Mkts & Global HC Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1833-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Mangiafico, Carla, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-239-10-31
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Mangiafico, Carla, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-239-21-53
 Amount of Each Receipt this Period 19.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 124 OF 241
	<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. Marsters, Mark, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8872-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Marsters, Mark, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8836-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Martel, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8610-10-31
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 125 OF 241
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Martel, Thomas, J, ,

Mailing Address 2223 Washington St

City Newton	State MA	Zip Code 02462-1417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) RVP Segment Lead
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 20160919-8578-21-53

Amount of Each Receipt this Period
150.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. May, Tim, , ,

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 (for Individual) CIGNA INTERNATIONAL SVCS., INC	Occupation (for Individual) Compensation Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

Transaction ID : 20160906-6182-10-31

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. May, Tim, , ,

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 (for Individual) CIGNA INTERNATIONAL SVCS., INC	Occupation (for Individual) Compensation Senior Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 20160919-6164-21-53

Amount of Each Receipt this Period
50.00

Memo Item

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 126 OF 241
	<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. McCagg, Louise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28450-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McCagg, Louise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28321-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McCarter, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-14117-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 127 OF 241
	<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. McCarter, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-14056-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McCarthy, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Segment Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2162-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. McCarthy, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Segment Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2158-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 128 OF 241
<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. McCarthy, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3515.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8198-10-31
 Amount of Each Receipt this Period 185.00
 Memo Item

B. McCarthy, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3515.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8166-21-53
 Amount of Each Receipt this Period 185.00
 Memo Item

C. McCauley, Peter, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-16742-10-31
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
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 129 OF 241
	<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. McCauley, Peter, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16676-21-53
 Amount of Each Receipt this Period 22.00
 Memo Item

B. McDill, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) QA and Testing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12815-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. McDill, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) QA and Testing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12758-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.00
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 130 OF 241
<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. McDonald, David, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) IT Senior Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-19368-10-31

Amount of Each Receipt this Period
20.00

Memo Item

B. McDonald, David, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) IT Senior Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-19287-21-53

Amount of Each Receipt this Period
20.00

Memo Item

C. McDowell, William, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) VP Investor Relations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-7514-10-31

Amount of Each Receipt this Period
25.00

Memo Item

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 131 OF 241
<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. McDowell, William, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7488-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. McGinley-Graziosi, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1255-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

C. McGinley-Graziosi, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1254-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
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 132 OF 241
	<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. McGinnis, Matthew, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics/Analytics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8356-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. McGinnis, Matthew, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics/Analytics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8324-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McKenzie-Small, Kayla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9071-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 133 OF 241
	<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. McKenzie-Small, Kayla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9034-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. McKinney, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9783-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McKinney, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9741-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 134 OF 241
	<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. McMurray, Susan, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Accounting Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-418-10-31

Amount of Each Receipt this Period
25.00

Memo Item

B. McMurray, Susan, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Accounting Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-418-21-53

Amount of Each Receipt this Period
25.00

Memo Item

C. Meester, Marta, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna HEALTHCARE OF CA, INC.	Occupation (for Individual) Provider Contracting Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-5497-10-31

Amount of Each Receipt this Period
20.00

Memo Item

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 135 OF 241
	<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. Meester, Marta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna HEALTHCARE OF CA, INC. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5480-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Merski, Richard, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24789-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Merski, Richard, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24682-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 136 OF 241
	<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. Metzdorf, Kellie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3427 United Ln
 City Frisco State TX Zip Code 75034-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-4775-10-31
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Metzdorf, Kellie, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3427 United Ln
 City Frisco State TX Zip Code 75034-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-4760-21-53
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Miller, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9450 Norwood Dr
 City Brentwood State TN Zip Code 37027-8657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-28483-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	49.00
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 137 OF 241
<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. Miller, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9450 Norwood Dr
 City Brentwood State TN Zip Code 37027-8657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28354-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mino, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8915-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Mino, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8878-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

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 138 OF 241
<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. Mintz, Steven, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3124 Matoma Circle

City Thompson Station	State TN	Zip Code 37179
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Medical Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-17070-10-31

Amount of Each Receipt this Period
50.00

Memo Item

B. Mintz, Steven, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3124 Matoma Circle

City Thompson Station	State TN	Zip Code 37179
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Medical Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-17002-21-53

Amount of Each Receipt this Period
50.00

Memo Item

C. Mirabella, Morris, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) General Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-5805-10-31

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 139 OF 241
<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. Mirabella, Morris, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5788-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Miranda, Kymberly, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3964-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miranda, Kymberly, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Manager-National Accts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3948-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 140 OF 241
	<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

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. Monahan, Frank, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-9780-10-31
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Monahan, Frank, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-9738-21-53
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Monchick, Melanie, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-5562-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 141 OF 241
<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. Monchick, Melanie, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5545-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Moran, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15989-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Moran, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15925-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 142 OF 241
	<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. Morris, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthspring Occupation (for Individual) VP Segment Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2688.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28474-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Morris, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthspring Occupation (for Individual) VP Segment Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2688.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28345-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Motta, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Development Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19720-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
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 143 OF 241
<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. Motta, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19637-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Motter, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Spanish Trail Ct
 City Blacklick State OH Zip Code 43004-9803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Insight Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7260-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Motter, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Spanish Trail Ct
 City Blacklick State OH Zip Code 43004-9803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Insight Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7235-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 144 OF 241
	<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. Mulberry, Brent, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-7470-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Mulberry, Brent, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 09 / 22 / 2016
Transaction ID : 20160919-7445-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Munev, Alan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Total Med/Chief Med Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3325.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-16522-10-31
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00
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 145 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Munev, Alan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Total Med/Chief Med Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16456-21-53
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Murabito, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) EVP Human Resources & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2926.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9121-10-31
 Amount of Each Receipt this Period 154.00
 Memo Item

C. Murabito, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) EVP Human Resources & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2926.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9084-21-53
 Amount of Each Receipt this Period 154.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.00
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 146 OF 241
	<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. Murphy, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7116-10-31
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Murphy, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7092-21-53
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Nageotte, Noreen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6229-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	124.00
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 147 OF 241
	<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. Nageotte, Noreen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6211-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Naik, Manish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2066 Madrillon Rd
 City Vienna State VA Zip Code 22182-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18923-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Naik, Manish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2066 Madrillon Rd
 City Vienna State VA Zip Code 22182-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18843-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 148 OF 241
	<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. Nicoll, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.67

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1748-10-31
 Amount of Each Receipt this Period 26.93
 Memo Item

B. Nicoll, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.67

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1746-21-53
 Amount of Each Receipt this Period 26.93
 Memo Item

C. Nole, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15701-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103.86
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 149 OF 241
	<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. Nole, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15639-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Novack, Richard, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15563-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Novack, Richard, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15501-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 150 OF 241
	<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. Nunez, Eliana, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operating Effectiveness Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1066-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Nunez, Eliana, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operating Effectiveness Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1065-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. O'Donnell, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-14224-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 151 OF 241
	<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. O'Donnell, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-14163-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Oates, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-11190-10-31
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Oates, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-11142-21-53
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	404.60
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:	PAGE 152 OF 241
	(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. Osborne, Lester, Keith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13759 E Paradise Dr
 City Scottsdale State AZ Zip Code 85259-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5857-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Osborne, Lester, Keith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13759 E Paradise Dr
 City Scottsdale State AZ Zip Code 85259-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5839-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ough, Brian, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7030-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 153 OF 241
	<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. Ough, Brian, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7006-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Overbye, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1237-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Overbye, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1236-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

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 154 OF 241
	<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. Paige, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Rainbow Ridge Dr
 City Livingston State NJ Zip Code 07039-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21523-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Paige, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Rainbow Ridge Dr
 City Livingston State NJ Zip Code 07039-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21432-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Palmer, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Bus Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5072-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

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 155 OF 241
	<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. Palmer, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Bus Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5057-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Palmersheim, Karen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-27811-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Palmersheim, Karen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-27688-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	232.00
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 156 OF 241
	<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. Panter, Jeffery, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4183-10-31
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Panter, Jeffery, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4167-21-53
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Paoletti, Christian, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8695-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 157 OF 241
<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. Paoletti, Christian, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8660-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Parsons, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Reinsurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-397-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Parsons, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Reinsurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-397-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 158 OF 241
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Perez, Allen, C, ,		Date of Receipt MM / DD / YYYY 09 / 08 / 2016 Transaction ID : 20160906-29700-10-31
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		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Business Developmt Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez, Allen, C, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2016 Transaction ID : 20160919-29566-21-53
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		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Business Developmt Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Peterson, David, C, ,		Date of Receipt MM / DD / YYYY 09 / 08 / 2016 Transaction ID : 20160906-4977-10-31
Mailing Address 913 Woodhill Cir		Amount of Each Receipt this Period 75.00
City Watertown	State MN	Zip Code 55388-9267
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) IT Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1425.00	

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 159 OF 241
	<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. Peterson, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Woodhill Cir
 City Watertown State MN Zip Code 55388-9267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4962-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Peterson, Heather, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28598-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Peterson, Heather, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28469-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 160 OF 241
	<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. Phan, Danthu, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9863-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Phan, Danthu, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9820-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Philibotte, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 161 OF 241
	<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. Philibotte, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Phillips, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23641-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Phillips, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23538-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

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 162 OF 241
	<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. Pierce, Ena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5206 Downing Rd
 City Baltimore State MD Zip Code 21212-4114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28433-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pierce, Ena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5206 Downing Rd
 City Baltimore State MD Zip Code 21212-4114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28304-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Pierson, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Spy Glass Hill Rd
 City Bath State PA Zip Code 18014-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20637-10-31
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 163 OF 241
	<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. Pierson, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Spy Glass Hill Rd
 City Bath State PA Zip Code 18014-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20549-21-53
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Pitts, Charles, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11016 Rushmore Dr
 City Charlotte State NC Zip Code 28277-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-11352-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pitts, Charles, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11016 Rushmore Dr
 City Charlotte State NC Zip Code 28277-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-11305-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 165 OF 241
	<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. Prather, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7305-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rabinowitz, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 760.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10581-10-31
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Rabinowitz, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 760.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10536-21-53
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 166 OF 241
	<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. Raccagni, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6043-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Raccagni, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6025-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Rado, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-15304-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

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: (check only one)	PAGE 167 OF 241
<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. Rado, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-15241-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Rapisardi, Eugene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-13324-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rapisardi, Eugene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-13263-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 168 OF 241
	<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. Reedy, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1840 S Stapley Dr
 City Mesa State AZ Zip Code 85204-6681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Urgent Care Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5017-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Reedy, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1840 S Stapley Dr
 City Mesa State AZ Zip Code 85204-6681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Urgent Care Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5002-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Reeves, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12500-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 169 OF 241
	<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. Reeves, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12444-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Reinholz, Brett, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Administration Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3538-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Reinholz, Brett, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Administration Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3522-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 170 OF 241
	<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. Richards, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10333-10-31
 Amount of Each Receipt this Period 19.25
 Memo Item

B. Richards, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10288-21-53
 Amount of Each Receipt this Period 19.25
 Memo Item

C. Richards, Thomas, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Strategy and Bus Developmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-576-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 63.50
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 171 OF 241
	<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. Richards, Thomas, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Strategy and Bus Developmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-576-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Rigg, Jeffrey, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2275.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-18102-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Rigg, Jeffrey, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2275.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-18030-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 172 OF 241
	<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. Riley, Catherine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1806-10-31
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Riley, Catherine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1804-21-53
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Ritchie, Kevin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-733-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

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 173 OF 241
	<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. Ritchie, Kevin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-732-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Robinson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Infrastructure Engineer Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-283-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Robinson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Infrastructure Engineer Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-283-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 174 OF 241
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Roche, John, F, ,		Date of Receipt MM / DD / YYYY 09 / 08 / 2016 Transaction ID : 20160906-22741-10-31
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 50.00
City Bloomfield	State CT	Zip Code 06002-2920
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Business Comm Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roche, John, F, ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2016 Transaction ID : 20160919-22642-21-53
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 50.00
City Bloomfield	State CT	Zip Code 06002-2920
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Business Comm Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rose, Ruth, T, ,		Date of Receipt MM / DD / YYYY 09 / 08 / 2016 Transaction ID : 20160906-22734-10-31
Mailing Address 3408 Nottingham Rd		Amount of Each Receipt this Period 50.00
City Westminster	State MD	Zip Code 21157-8304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Business IT Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 950.00	

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 175 OF 241
	<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. Rose, Ruth, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Nottingham Rd
 City Westminster State MD Zip Code 21157-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22635-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rottkamp, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Enterprise Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2225.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1645-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Rottkamp, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Enterprise Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2225.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1643-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 176 OF 241
<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. Russell, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Actuarial Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-1660-10-31
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Russell, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Actuarial Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-1658-21-53
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Ryan, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Talent Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1307.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-1461-10-31
 Amount of Each Receipt this Period
 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.00
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 177 OF 241
	<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. Ryan, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Talent Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1307.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1459-21-53
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Saad, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10825-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Saad, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10777-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.00
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 178 OF 241
<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. Salmon, Richard, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-1678-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Salmon, Richard, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-1676-21-53
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Sandberg, Jon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Comm Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-19987-10-31
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 179 OF 241
	<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. Sandberg, Jon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Comm Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19903-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Sanders, Brent, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Spring Garden St
 City Philadelphia State PA Zip Code 19130-4067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8651-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Sanders, Brent, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Spring Garden St
 City Philadelphia State PA Zip Code 19130-4067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8617-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 180 OF 241
	<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. Sanford, Paul, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Operating Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7045-10-31
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Sanford, Paul, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Operating Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7021-21-53
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Sataline, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Chief Investment Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-398-10-31
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	504.00
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 181 OF 241
(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. Sataline, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-398-21-53
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Savino, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-547-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Savino, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-547-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 182 OF 241
	<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. Scardellette, Frederick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2512-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Scardellette, Frederick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2502-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Schaefer-Reid, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-30659-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 183 OF 241
<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. Schaefer-Reid, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-30521-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Scheibe, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Treasury Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1221-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Scheibe, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Treasury Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1220-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 184 OF 241
	<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. Schmidt, Joni, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1802 Brun St
 City Houston State TX Zip Code 77019-5713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9549-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Schmidt, Joni, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1802 Brun St
 City Houston State TX Zip Code 77019-5713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9507-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Schuster, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28628-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

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 185 OF 241
	<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. Schuster, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28499-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Shepard, Kimberly, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8219-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Shepard, Kimberly, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8187-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 186 OF 241
	<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. Sherman, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-455-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sherman, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 22 / 2016
Transaction ID : 20160919-455-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Sherry, Wendy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-1666-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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:	PAGE 187 OF 241
	(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. Sherry, Wendy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1664-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shrestha, Rajesh, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-16399-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shrestha, Rajesh, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-16333-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 188 OF 241
	<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. Silvay, Kenneth, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1178.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-898-10-31
 Amount of Each Receipt this Period 62.00
 Memo Item

B. Silvay, Kenneth, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1178.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-897-21-53
 Amount of Each Receipt this Period 62.00
 Memo Item

C. Skipwith, Marcus, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29335-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	149.00
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 189 OF 241
	<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. Skipwith, Marcus, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) App Development Sr Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-29202-21-53

Amount of Each Receipt this Period
25.00

Memo Item

B. Smith, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Project Management Sr Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-9003-10-31

Amount of Each Receipt this Period
25.00

Memo Item

C. Smith, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Project Management Sr Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-8966-21-53

Amount of Each Receipt this Period
25.00

Memo Item

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 190 OF 241
<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. Smith, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6232-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Smith, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6214-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Smithberger, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9065-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 191 OF 241
	<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. Smithberger, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9028-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Somers, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Actuarial Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10148-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Somers, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corporation Occupation (for Individual) Actuarial Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-10103-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 192 OF 241
<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. Sprague, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19544-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sprague, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19463-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Staines, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20433-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 193 OF 241
<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. Staines, John, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Human Resources Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-20347-21-53

Amount of Each Receipt this Period
25.00

Memo Item

B. Stapleton, Kenneth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) HR Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-9139-10-31

Amount of Each Receipt this Period
19.25

Memo Item

C. Stapleton, Kenneth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) HR Senior Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-9101-21-53

Amount of Each Receipt this Period
19.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	63.50
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 194 OF 241
	<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. Stasiuk, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1520-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Stasiuk, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1518-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Steel, Craig, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Kemp Ave
 City Fair Haven State NJ Zip Code 07704-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23851-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 195 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Steel, Craig, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Kemp Ave
 City Fair Haven State NJ Zip Code 07704-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23747-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Stejskal, Taryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Leadership Dev Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-24916-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Stejskal, Taryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Leadership Dev Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-24807-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 196 OF 241
	<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

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. Stephens, Todd, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4357-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Stephens, Todd, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4341-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Stepp, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 598.30

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3509-10-31
 Amount of Each Receipt this Period 17.31
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.31
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 197 OF 241
<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. Stepp, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 598.30

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3493-21-53
 Amount of Each Receipt this Period 17.31
 Memo Item

B. Stevens, Kari, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21435-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stevens, Kari, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21345-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.31
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 198 OF 241
(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. Subramanian, Harihara, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23317-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Sullivan, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1417-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Sullivan, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1415-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

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 199 OF 241
<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. Sullivan, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-9584-10-31

Amount of Each Receipt this Period
26.93

Memo Item

B. Sullivan, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-9542-21-53

Amount of Each Receipt this Period
26.93

Memo Item

C. Sweeney, Paul, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Cigna Corp.	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-12315-10-31

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.86
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 200 OF 241
	<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. Sweeney, Paul, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12260-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Swinford, Shelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.99

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3492-10-31
 Amount of Each Receipt this Period 22.07
 Memo Item

C. Swinford, Shelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.99

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3476-21-53
 Amount of Each Receipt this Period 22.07
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.14
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 201 OF 241
	<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. Sykes, Jan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-7334-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sykes, Jan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : 20160919-7309-21-53
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Szable, Amy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Comm Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2016
Transaction ID : 20160906-3334-10-31
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 202 OF 241
	<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. Szable, Amy, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38901 Detroit Rd

City Avon	State OH	Zip Code 44011-2160
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Business Comm Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-3319-21-53

Amount of Each Receipt this Period
50.00

Memo Item

B. Tanner, Neil, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

City Philadelphia	State PA	Zip Code 19192-0002
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Chief Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2185.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-16352-10-31

Amount of Each Receipt this Period
115.00

Memo Item

C. Tanner, Neil, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

City Philadelphia	State PA	Zip Code 19192-0002
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Chief Counsel
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2185.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-16286-21-53

Amount of Each Receipt this Period
115.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
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 203 OF 241
	<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

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. Taylor, Nick, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 Brittany Ln
 City Upper Arlington State OH Zip Code 43220-4074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23863-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Taylor, Nick, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 Brittany Ln
 City Upper Arlington State OH Zip Code 43220-4074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23759-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Terrill, Terry, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-28534-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 204 OF 241
(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. Terrill, Terry, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-28405-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Thackeray, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-192-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Thackeray, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-192-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 205 OF 241
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	<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

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. Tindall, Jeffrey, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-9756-10-31

Amount of Each Receipt this Period
50.00

Memo Item

B. Tindall, Jeffrey, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 20160919-9714-21-53

Amount of Each Receipt this Period
50.00

Memo Item

C. Toole, Rhonda, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1112 Neighborhood Ln

City Ravenel	State SC	Zip Code 29470-3324
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Client Account Support Dir
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 20160906-3066-10-31

Amount of Each Receipt this Period
20.00

Memo Item

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 206 OF 241
	<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. Toole, Rhonda, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Neighborhood Ln
 City Ravenel State SC Zip Code 29470-3324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3052-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Track, Rowena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Digital Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-31472-10-31
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Track, Rowena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Digital Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-31330-21-53
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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 207 OF 241
(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. Triplett, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Regional Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-624-10-31
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Triplett, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Regional Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-623-21-53
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Ugel, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29185 Valley Oak Pl
 City Santa Clarita State CA Zip Code 91390-4196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3707-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 208 OF 241
	<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. Ugel, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29185 Valley Oak Pl
 City Santa Clarita State CA Zip Code 91390-4196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3691-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Vancura, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35507 N Via Tramonto
 City Phoenix State AZ Zip Code 85086-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22907-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Vancura, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35507 N Via Tramonto
 City Phoenix State AZ Zip Code 85086-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22808-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
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 209 OF 241
	<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. Vaslow, Alicia, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 Fairway Dr
 City Towson State MD Zip Code 21286-7803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Benefits Strategy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-28311-10-31
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Vaslow, Alicia, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 Fairway Dr
 City Towson State MD Zip Code 21286-7803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Benefits Strategy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 09 / 22 / 2016
Transaction ID : 20160919-28182-21-53
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Vayer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna BEHAVIORAL HEALTH, INC. Occupation (for Individual) VP Total Health & Network Oper
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
 09 / 08 / 2016
Transaction ID : 20160906-6987-10-31
 Amount of Each Receipt this Period 75.00
 Memo Item

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: (check only one)	PAGE 210 OF 241
	<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. Vayer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna BEHAVIORAL HEALTH, INC. Occupation (for Individual) VP Total Health & Network Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6963-21-53
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Velasquez, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11401 SW 40th St
 City Miami State FL Zip Code 33165-3372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29803-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Velasquez, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11401 SW 40th St
 City Miami State FL Zip Code 33165-3372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29669-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 211 OF 241
	<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. Venkatakrisnan, Ramesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7292-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Venkatakrisnan, Ramesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7267-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Vinas, Martha, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19155-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 212 OF 241
	<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. Vinas, Martha, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19075-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wasden, Philip, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Big Bend Trl
 City Sugar Hill State GA Zip Code 30518-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF GA, INC. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-4517-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wasden, Philip, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Big Bend Trl
 City Sugar Hill State GA Zip Code 30518-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF GA, INC. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-4501-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

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 213 OF 241
	<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. Wawrzon, Eric, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-29986-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wawrzon, Eric, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-29851-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Welch, Peter, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6790-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 214 OF 241
	<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. Welch, Peter, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6767-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wentling, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-30885-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wentling, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-30746-21-53
 Amount of Each Receipt this Period 5.00
 Memo Item

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 215 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Westover, Peter, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Underwriting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-23357-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Westover, Peter, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Underwriting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-23256-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wheatley, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-14683-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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 216 OF 241
	<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. Wheatley, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-14620-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Whelan, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # TL18R
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-9431-10-31
 Amount of Each Receipt this Period 40.00
 Memo Item

C. White, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-10025-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.00
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 217 OF 241
	<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. White, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-9980-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wilkosz, Diane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CIGNA HEALTHCARE OF FL, INC Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1406.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-1724-10-31
 Amount of Each Receipt this Period 74.00
 Memo Item

C. Wilkosz, Diane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CIGNA HEALTHCARE OF FL, INC Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1406.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-1722-21-53
 Amount of Each Receipt this Period 74.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 198.00
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 218 OF 241
	<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

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. Williams, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-30561-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Williams, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-30423-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wilson, Jenny, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Chestnut St
 City Chattanooga State TN Zip Code 37402-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-3175-10-31
 Amount of Each Receipt this Period 50.00
 Memo Item

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 219 OF 241
	<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. Wilson, Jenny, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Chestnut St
 City Chattanooga State TN Zip Code 37402-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-3161-21-53
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Winkleblack, Grant, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-5148-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Winkleblack, Grant, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-5133-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 220 OF 241
	<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. Wiss, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-8091-10-31
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Wiss, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-8059-21-53
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Wolfram, Bradley, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11200 Lakeline Blvd Ste 100
 City Austin State TX Zip Code 78717-0083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1634.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-30456-10-31
 Amount of Each Receipt this Period 86.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.00
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 221 OF 241
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Wolfram, Bradley, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11200 Lakeline Blvd
 Ste 100
 City Austin State TX Zip Code 78717-0083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-30318-21-53
 Amount of Each Receipt this Period 86.00
 Memo Item

B. Wray, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 W 79th St
 City New York State NY Zip Code 10024-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Network Delivery Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3325.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-20675-10-31
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Wray, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 W 79th St
 City New York State NY Zip Code 10024-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Network Delivery Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-20587-21-53
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	436.00
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 222 OF 241
	<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. Yang, Bu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6752-10-31
 Amount of Each Receipt this Period 55.00
 Memo Item

B. Yang, Bu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6729-21-53
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Yardley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-19373-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

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: (check only one)	PAGE 223 OF 241
<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. Yardley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-19292-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Young, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics/Analytics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-277-10-31
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Young, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics/Analytics Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-277-21-53
 Amount of Each Receipt this Period 25.00
 Memo Item

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 224 OF 241
	<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. Young, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-2521-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Young, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-2511-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Zach, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Heritage Ln
 City Phoenixville State PA Zip Code 19460-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22454-10-31
 Amount of Each Receipt this Period 100.00
 Memo Item

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 225 OF 241
	<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. Zach, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Heritage Ln
 City Phoenixville State PA Zip Code 19460-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22356-21-53
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Zammett, Mark, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-6130-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Zammett, Mark, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-6112-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

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 226 OF 241
	<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. Zank, Autumn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-12639-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Zank, Autumn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-12584-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Zaruba, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2926.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-21118-10-31
 Amount of Each Receipt this Period 154.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 194.00
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 227 OF 241
	<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. Zaruba, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2926.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-21030-21-53
 Amount of Each Receipt this Period 154.00
 Memo Item

B. Zettle, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-22101-10-31
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Zettle, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-22005-21-53
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 184.00
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 228 OF 241
	<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. Zilberfarb, Stephen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 20160906-7171-10-31
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Zilberfarb, Stephen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 20160919-7147-21-53
 Amount of Each Receipt this Period 20.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	35548.89

**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"/> 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. Bucshon for Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address PO Box 250		FEC Identification Number C H0IN08114 Transaction ID : 68721E459C2
City Newburgh	State IN	Zip Code 47629
Purpose of Disbursement 2016 General	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name Bucshon, Larry, Dean, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: IN District: 08	

Full Name (Last, First, Middle Initial) B. Butterfield for Congress		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address 434 Fayetteville Street Suite 2020		FEC Identification Number C H4NC01046 Transaction ID : 4D44E9E0EEI
City Raleigh	State NC	Zip Code 27601
Purpose of Disbursement 2016 General	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Butterfield, George, Kenneth, , Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 01	

Full Name (Last, First, Middle Initial) C. Cathy McMorris Rodgers for Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address Box 137		FEC Identification Number C H4WA05077 Transaction ID : 03E04C6866
City Spokane	State WA	Zip Code 99210-0137
Purpose of Disbursement 2016 General	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name McMorris Rodgers, Cathy, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WA District: 05	

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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"/> 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. Charlie Dent for Congress		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 442		FEC Identification Number C H4PA15087 Transaction ID : 6B404AD1A2 Amount of Each Disbursement this Period 2000.00
City Allentown	State PA	Zip Code 18105-0442
Purpose of Disbursement 2016 General	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Dent, Charles, W., ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 15	

Full Name (Last, First, Middle Initial) B. Citizens for Boyle		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address PO Box 11545		FEC Identification Number C H4PA13199 Transaction ID : 44DC1D6708f Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA	Zip Code 19116
Purpose of Disbursement 2016 General	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Boyle, Brendan, Francis, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: PA	District: 13	

Full Name (Last, First, Middle Initial) C. Citizens for Prosperity in America Today PAC		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C C00491654 Transaction ID : AC4205C73C Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2016 Contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Citizens for Prosperity in America Today PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	5000.00
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"/> 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. Citizens for Rush

Mailing Address PO Box 7292

City Chicago State IL Zip Code 60680-7292

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Rush, Bobby, Lee, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 01

Date of Disbursement

/ /

FEC Identification Number

C H2IL01042

Transaction ID : 0D521B5C46I

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Coffman for Congress 2016

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Coffman, Michael, H., ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: CO District: 06

Date of Disbursement

/ /

FEC Identification Number

C H8CO06138

Transaction ID : FAFD832132F

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Courtney, Joseph, D., ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CT District: 02

Date of Disbursement

/ /

FEC Identification Number

C H2CT02112

Transaction ID : 8A1998FCE8

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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 Sherrod Brown		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 15293		FEC Identification Number C S6OH00163 Transaction ID : A1F82FB799! Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name Brown, Sherrod, Campbell, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	

Full Name (Last, First, Middle Initial) B. Heller for Senate		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address PO Box 371907		FEC Identification Number C S2NV00183 Transaction ID : CE6EC74D87 Amount of Each Disbursement this Period 2500.00
City Las Vegas	State NV	Zip Code 89137
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name Heller, Dean, Arthur, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District:	

Full Name (Last, First, Middle Initial) C. Himes for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 857 Post Road, #312		FEC Identification Number C H8CT04172 Transaction ID : 3DB731BF4E Amount of Each Disbursement this Period 1000.00
City Fairfield	State CT	Zip Code 06824
Purpose of Disbursement 2016 General		011 Category/ Type
Candidate Name Himes, James, Andrew, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 04	

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

4500.00

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"/> 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. Holding Onto Oregon's Priorities

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3314

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

City Portland State OR Zip Code 97208

FEC Identification Number

Purpose of Disbursement
2016 Contribution

C	C00392738
---	-----------

Candidate Name
Holding Onto Oregon's Priorities

011
Category/ Type

Transaction ID : 5D39DED3CE

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Contribution

5000.00

Memo Item

B. Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2145

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

City West Columbia State SC Zip Code 29171-2145

FEC Identification Number

Purpose of Disbursement
2016 General

C	H2SC02059
---	-----------

Candidate Name
Wilson, Addison, Graves, ,

011
Category/ Type

Transaction ID : C04F1956F72

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

1000.00

Memo Item

C. John Lewis for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2323

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

City Atlanta State GA Zip Code 30301

FEC Identification Number

Purpose of Disbursement
2016 General

C	H6GA05217
---	-----------

Candidate Name
Lewis, John, Robert, ,

011
Category/ Type

Transaction ID : 8B89DA92DE

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Contribution

1000.00

Memo Item

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

7000.00

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

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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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Marino for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Marino, Thomas, Anthony, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 10

Date of Disbursement

/ /

FEC Identification Number

C HOPA10078

Transaction ID : 008214FBE0E
Amount of Each Disbursement this Period

Memo Item

B. Royce Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3249

City Fullerton State CA Zip Code 92834-3249

Purpose of Disbursement
2016 General

011
Category/
Type

Candidate Name
Royce, Edward, Randall, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement

/ /

FEC Identification Number

C H6CA39020

Transaction ID : 70222B62B7E
Amount of Each Disbursement this Period

Memo Item

C. Synergy PAC

Full Name (Last, First, Middle Initial)

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
2016 Contribution

011
Category/
Type

Candidate Name
Synergy PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: Contribution

Date of Disbursement

/ /

FEC Identification Number

C C00409623

Transaction ID : 9BE9C4A31E
Amount of Each Disbursement this Period

Memo Item

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

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"/> 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. Wyden for Senate

Full Name (Last, First, Middle Initial)
Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement 2016 General

Candidate Name **Wyden, Ron, L., ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OR District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: C S6OR00110

Transaction ID : FC36BE98EA

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	35000.00

**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"/> 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. Arizonans for Strong Leadership

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

Mailing Address 6635 W. Happy Valley Road
Suite 104, #198

City Glendale State AZ Zip Code 85310

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

FEC Identification Number

C
Transaction ID : 8D4AE9DFD1
Amount of Each Disbursement this Period
5000.00

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Montford Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

Mailing Address 1713 Mahan Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

FEC Identification Number

C
Transaction ID : E5DA90FBDD
Amount of Each Disbursement this Period
1000.00

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Lightford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

Mailing Address PO Box 7824

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

FEC Identification Number

C
Transaction ID : 4562DB4CE0
Amount of Each Disbursement this Period
250.00

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

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

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

6250.00

**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"/> 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. Colorado Leadership Fund, LLC (527)

Mailing Address PO Box 238

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : C6204C0B78!

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Common Sense Values (527)

Mailing Address PO Box 372128

City
Denver

State
CO

Zip Code
80237

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : C9151787C6A

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Elect Dave Wheeler

Mailing Address 523 Mason Road

City
Milford

State
NH

Zip Code
03055

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 93DDFFF931

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

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

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

[REDACTED] 2500.00

[REDACTED]

**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"/> 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. MPAC

Mailing Address PO Box 381075

City Germantown State TN Zip Code 38183

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

Transaction ID : BBFBA2DB7
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NH Senate Democratic Caucus

Mailing Address 105 North State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

Transaction ID : 0B5FC3C2E9
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Senate Majority Fund (527)

Mailing Address 2318 Curtis Street

City Denver State CO Zip Code 80205

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 23 / 2016

FEC Identification Number

Transaction ID : D8B3480934
Amount of Each Disbursement this Period

Memo Item

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

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 type="checkbox"/> 23	<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. Senate Republican Majority PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 656

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City Concord State NH Zip Code 03301

FEC Identification Number

Purpose of Disbursement Nonfederal Contribution

C

Candidate Name

011
Category/Type

Transaction ID : 374E93C763E

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

500.00

Memo Item

B. Senator Jane Nelson

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 608

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

City Grapevine State TX Zip Code 76099

FEC Identification Number

Purpose of Disbursement Nonfederal Contribution

C

Candidate Name

011
Category/Type

Transaction ID : 3DAC6D0C8D

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

2000.00

Memo Item

C. The Overbey PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 900 S. Gay Street - Suite 800

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

City Knoxville State TN Zip Code 37902

FEC Identification Number

Purpose of Disbursement Nonfederal Contribution

C

Candidate Name

011
Category/Type

Transaction ID : 6A9D0BA387

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

350.00

Memo Item

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

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

2850.00

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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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. William Travis Cummings Campaign

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2404

City Orange Park State FL Zip Code 32067

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : 10E8D634F31

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	20600.00