

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 C00085316 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 08 01 2014 through 08 31 2014

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

Type or Print Name of Treasurer Kristin Julason Damato

Signature of Treasurer Kristin Julason Damato [Electronically Filed] Date 09 19 2014

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cigna Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="237988.38"/>	<input type="text" value="237988.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="332454.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34283.85"/>	<input type="text" value="303724.58"/>
(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="366737.96"/>	<input type="text" value="541712.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77500.00"/>	<input type="text" value="252475.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="289237.96"/>	<input type="text" value="289237.96"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	24515.07	186284.02
(ii) Unitemized	7643.78	115315.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32158.85	301599.58
(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)	32158.85	301599.58
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.....	2125.00	2125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34283.85	303724.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34283.85	303724.58

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1225.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1225.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	197500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	39000.00	53750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	77500.00	252475.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77500.00	252475.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	32158.85	301599.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32158.85	301599.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1225.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Anthony Abate

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation VP Supply Chain Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2790.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-17808-20-23

Amount of Each Receipt this Period
155.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation VP Supply Chain Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2790.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-17745-20-23

Amount of Each Receipt this Period
155.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-1020-20-23

Amount of Each Receipt this Period
15.00

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: PAGE 7 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Accounting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-1020-20-23

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Marc M. Alcedo

Mailing Address 1729 Canonero Dr

City State Zip Code
 Austin TX 78746-2114

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

Name of Employer Occupation
 Cigna Corp. Government Affairs Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-22072-20-23

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Marc M. Alcedo

Mailing Address 1729 Canonero Dr

City State Zip Code
 Austin TX 78746-2114

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

Name of Employer Occupation
 Cigna Corp. Government Affairs Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-21981-20-23

Amount of Each Receipt this Period
 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 179
	<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. Michael B. Alexander
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-11130-20-23

Amount of Each Receipt this Period
26.93

B. Michael B. Alexander
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-11109-20-23

Amount of Each Receipt this Period
26.93

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

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 Cigna Corp. Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-30249-20-23

Amount of Each Receipt this Period
50.00

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 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gregory J. Allen

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 Cigna Corp. Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-30268-20-23

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. William R. Antonello

Mailing Address 1571 Sawgrass Corporate Pkwy

City Sunrise State FL Zip Code 33323-2862

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-3568-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 1571 Sawgrass Corporate Pkwy

City Sunrise State FL Zip Code 33323-2862

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-3565-20-23

Amount of Each Receipt this Period
25.00

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 10 OF 179
	<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. Raegan M. Armata
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-207-20-23
 Amount of Each Receipt this Period
 25.00

B. Raegan M. Armata
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-207-20-23
 Amount of Each Receipt this Period
 25.00

C. Ann H. Asbaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-314-20-23
 Amount of Each Receipt this Period
 50.00

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 11 OF 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ann H. Asbaty		Date of Receipt
Mailing Address 140 E 45th St		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code New York NY 10017-3144		Transaction ID : 20140825-314-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO General Manager		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="900.00"/>

Full Name (Last, First, Middle Initial) B. Jacquelyn A. Aube		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City State Zip Code Hartford CT 06152-0001		Transaction ID : 20140811-1676-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO VP Product Development		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="900.00"/>

Full Name (Last, First, Middle Initial) C. Jacquelyn A. Aube		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Hartford CT 06152-0001		Transaction ID : 20140825-1677-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO VP Product Development		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="900.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Austin			Date of Receipt
Mailing Address 394 W Remington Dr			<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140811-5005-20-23
Chandler	AZ	85286-7642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.87"/>
Name of Employer	Occupation		
Cigna HEALTHCARE OF AZ, INC	Medical Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="853.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James Austin			Date of Receipt
Mailing Address 394 W Remington Dr			<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140825-5001-20-23
Chandler	AZ	85286-7642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.87"/>
Name of Employer	Occupation		
Cigna HEALTHCARE OF AZ, INC	Medical Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="853.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sanjiv Awasthi			Date of Receipt
Mailing Address 900 Cottage Grove Rd			<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140811-20479-20-23
Hartford	CT	06152-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
Cigna Corp.	Corporate Services Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="108.74"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sanjiv Awasthi		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-20400-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 15.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Corporate Services Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Lisa R. Bacus		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-24606-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 154.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation EVP Chief Marketing Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2772.00	

Full Name (Last, First, Middle Initial) C. Lisa R. Bacus		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-24494-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 154.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation EVP Chief Marketing Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2772.00	

SUBTOTAL of Receipts This Page (optional).....▶	323.00
TOTAL This Period (last page this line 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 14 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 3601 Odonnell St

City Baltimore State MD Zip Code 21224-5238

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-31122-20-23

Amount of Each Receipt this Period
 100.00

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

Mailing Address 3601 Odonnell St

City Baltimore State MD Zip Code 21224-5238

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-31136-20-23

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1640 Dallas Pkwy

City Plano State TX Zip Code 75093-4515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-11009-20-23

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mark Bailey		Date of Receipt
Mailing Address 1640 Dallas Pkwy		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Plano	State TX	Zip Code 75093-4515
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140825-10989-20-23
Name of Employer Cigna Corp.		Amount of Each Receipt this Period
Occupation Sales Director-Direct Sales		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="900.00"/>		

Full Name (Last, First, Middle Initial) B. Amie L. Benedict		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140811-6889-20-23
Name of Employer Cigna Corporation		Amount of Each Receipt this Period
Occupation General Manager		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="320.00"/>		

Full Name (Last, First, Middle Initial) C. Amie L. Benedict		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140825-6877-20-23
Name of Employer Cigna Corporation		Amount of Each Receipt this Period
Occupation General Manager		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="320.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 179
	<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. Amy R. Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-1536-20-23

Amount of Each Receipt this Period
50.00

B. Amy R. Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-1537-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-2040-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 179
	<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. Jeff Berardo
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-2039-20-23**

Amount of Each Receipt this Period
50.00

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

Mailing Address Two Securities Centre

City Atlanta State GA Zip Code 30305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.62**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-6327-20-23**

Amount of Each Receipt this Period
3.37

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

Mailing Address Two Securities Centre

City Atlanta State GA Zip Code 30305

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.62**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-6318-20-23**

Amount of Each Receipt this Period
3.37

SUBTOTAL of Receipts This Page (optional)..... **56.74**

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

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

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

FOR LINE NUMBER: PAGE 18 OF 179
(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. Kim Bimestefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1620.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-7897-20-23
 Amount of Each Receipt this Period
 90.00

B. Kim Bimestefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1620.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-7881-20-23
 Amount of Each Receipt this Period
 90.00

c. John J. Bogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-22435-20-23
 Amount of Each Receipt this Period
 50.00

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 19 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John J. Bogan		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-22341-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 88.50
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Cigna Corp.	Occupation VP Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Diane M. Botticello		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-1753-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 19.25
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.50
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

Full Name (Last, First, Middle Initial) C. Diane M. Botticello		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-1754-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 19.25
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.50
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

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: (check only one)	PAGE 20 OF 179
	<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. Mark L. Boxer
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation EVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3456.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-9095-20-23

Amount of Each Receipt this Period
192.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation EVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3456.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-9077-20-23

Amount of Each Receipt this Period
192.00

C. Brett C. Browchuk
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation SVP Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3456.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-12704-20-23

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.00

TOTAL This Period (last page this line 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 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Brett C. Browchuk

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 Cigna Corp. SVP Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-12671-20-23

Amount of Each Receipt this Period
 192.00

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

Mailing Address 7555 Goodwin Rd

City State Zip Code
 Chattanooga TN 37421-3183

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-7977-20-23

Amount of Each Receipt this Period
 25.00

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

Mailing Address 7555 Goodwin Rd

City State Zip Code
 Chattanooga TN 37421-3183

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-7961-20-23

Amount of Each Receipt this Period
 25.00

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 22 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Kelly K. Brundin		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-2932-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 50.00
City Philadelphia	State PA Zip Code 19192-0002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Financial Plng & Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Kelly K. Brundin		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-2931-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 50.00
City Philadelphia	State PA Zip Code 19192-0002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Financial Plng & Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Zigmund R. Brzezinski		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-2497-20-23
Mailing Address 801 Ocean Rd		Amount of Each Receipt this Period 16.98
City Spring Lake	State NJ Zip Code 07762-1931	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 304.99
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.99	

SUBTOTAL of Receipts This Page (optional).....▶	116.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 179
(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. Zigmund R. Brzezinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Ocean Rd
 City Spring Lake State NJ Zip Code 07762-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-2496-20-23
 Amount of Each Receipt this Period
 16.98

B. M. Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-4191-20-23
 Amount of Each Receipt this Period
 12.04

C. M. Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Manager Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-4187-20-23
 Amount of Each Receipt this Period
 12.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.06
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: PAGE 24 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Timothy D. Buckley

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Internation Occupation VP Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-12505-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Timothy D. Buckley

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Internation Occupation VP Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-12473-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Glenn T. Butkus

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 CT GENERAL LIFE INSURANCE CO Occupation Senior Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-340-20-23

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Glenn T. Butkus

Mailing Address 2223 Washington St

City State Zip Code
 Newton MA 02462-1417

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-340-20-23

Amount of Each Receipt this Period
 20.00

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

Mailing Address 2223 Washington St

City State Zip Code
 Newton MA 02462-1417

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-8706-20-23

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2223 Washington St

City State Zip Code
 Newton MA 02462-1417

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-8689-20-23

Amount of Each Receipt this Period
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

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 Cigna Corp. Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-30297-20-23

Amount of Each Receipt this Period
50.00

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

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 Cigna Corp. Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-30315-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-28399-20-23

Amount of Each Receipt this Period
100.00

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: PAGE 27 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-4230-20-23

Amount of Each Receipt this Period
 15.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-4226-20-23

Amount of Each Receipt this Period
 15.00

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

Mailing Address 1640 Dallas Pkwy

City State Zip Code
 Plano TX 75093-4515

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-5221-20-23

Amount of Each Receipt this Period
 15.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 179
(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. John S. Cantrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1640 Dallas Pkwy
 City State Zip Code
 Plano TX 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Corporate Security Sr Spec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-5216-20-23
 Amount of Each Receipt this Period
 15.00

B. Wendy L. Carberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Senior Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-891-20-23
 Amount of Each Receipt this Period
 20.00

C. Wendy L. Carberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Senior Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-891-20-23
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 179
(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. William C. Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Real Estate Sr Managing Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-684-20-23
 Amount of Each Receipt this Period
 25.00

B. William C. Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Real Estate Sr Managing Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-684-20-23
 Amount of Each Receipt this Period
 25.00

C. Steven Caron
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 Tall Pines Dr
 City Sewell State NJ Zip Code 08080-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-2035-20-23
 Amount of Each Receipt this Period
 30.00

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 30 OF 179
	<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. Steven Caron
Full Name (Last, First, Middle Initial)

Mailing Address 237 Tall Pines Dr

City Sewell State NJ Zip Code 08080-1115

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-2034-20-23**

Amount of Each Receipt this Period
300.00

B. Michelle L. Cavner
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-5528-20-23**

Amount of Each Receipt this Period
50.00

C. Michelle L. Cavner
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-5523-20-23**

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 179
	<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. Leslie A. Charles
Full Name (Last, First, Middle Initial)

Mailing Address 3650 Marigold St

City Seal Beach State CA Zip Code 90740-3115

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

Name of Employer Cigna Corp. Occupation Financial Analysis Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-15501-20-23

Amount of Each Receipt this Period **12.00**

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

Mailing Address 3650 Marigold St

City Seal Beach State CA Zip Code 90740-3115

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

Name of Employer Cigna Corp. Occupation Financial Analysis Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-15450-20-23

Amount of Each Receipt this Period **12.00**

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

Mailing Address 9 Griffin Rd. North, Data Center

City Windsor State CT Zip Code 06095

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

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-13354-20-23

Amount of Each Receipt this Period **25.00**

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 32 OF 179
	<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. Frank H. Cisz
Full Name (Last, First, Middle Initial)

Mailing Address 9 Griffin Rd. North, Data Center

City Windsor State CT Zip Code 06095

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

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-13311-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation VP Coli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1620.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-367-20-23

Amount of Each Receipt this Period
90.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation VP Coli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1620.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-367-20-23

Amount of Each Receipt this Period
90.00

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 33 OF 179
<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. Debra P. Cody
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Information Protection Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-18382-20-23

Amount of Each Receipt this Period **50.00**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Information Protection Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-18317-20-23

Amount of Each Receipt this Period **50.00**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-10478-20-23

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **120.00**

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

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

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

FOR LINE NUMBER: PAGE 34 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-10459-20-23

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Timothy K. Conners

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

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

Name of Employer Occupation
 Cigna Corp. IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-20287-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Timothy K. Conners

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

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

Name of Employer Occupation
 Cigna Corp. IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-20207-20-23

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 400 N Brand Blvd

City Glendale State CA Zip Code 91203-2311

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager-National Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1214.04

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-2113-20-23

Amount of Each Receipt this Period 27.73

B. Michael Conrad
Full Name (Last, First, Middle Initial)

Mailing Address 400 N Brand Blvd

City Glendale State CA Zip Code 91203-2311

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager-National Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1214.04

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-2112-20-23

Amount of Each Receipt this Period 9.26

C. Lorraine M. Consiglio
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Corporate Security Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-7201-20-23

Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.99

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 36 OF 179
	<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. Lorraine M. Consiglio
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Corporate Security Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-7188-20-23

Amount of Each Receipt this Period
12.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-1690-20-23

Amount of Each Receipt this Period
100.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-1691-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **212.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 179
	<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. Joshua Cook
Full Name (Last, First, Middle Initial)
Mailing Address 105 Decker Ct
City Irving State TX Zip Code 75062-2767
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation HS Network Opns Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-32050-20-23
Amount of Each Receipt this Period
50.00

B. Joshua Cook
Full Name (Last, First, Middle Initial)
Mailing Address 105 Decker Ct
City Irving State TX Zip Code 75062-2767
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation HS Network Opns Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-32058-20-23
Amount of Each Receipt this Period
50.00

C. David M. Cordani
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President and CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3456.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-439-20-23
Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-439-20-23

Amount of Each Receipt this Period 192.00

B. Wesley Cowen
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Post Oak Blvd

City Houston State TX Zip Code 77056-5784

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

Name of Employer Cigna Corp. Occupation Manager Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-20978-20-23

Amount of Each Receipt this Period 20.00

C. Wesley Cowen
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Post Oak Blvd

City Houston State TX Zip Code 77056-5784

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

Name of Employer Cigna Corp. Occupation Manager Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-20896-20-23

Amount of Each Receipt this Period 20.00

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 39 OF 179
	<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. Daniel J. Cozzo
Full Name (Last, First, Middle Initial)

Mailing Address 31792 Via Coyote

City	State	Zip Code
Coto De Caza	CA	92679-4105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-9829-20-23

Amount of Each Receipt this Period

50.00

B. Daniel J. Cozzo
Full Name (Last, First, Middle Initial)

Mailing Address 31792 Via Coyote

City	State	Zip Code
Coto De Caza	CA	92679-4105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-9811-20-23

Amount of Each Receipt this Period

50.00

C. Stephen W. Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 216 B Ave

City	State	Zip Code
Coronado	CA	92118-1955

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

Name of Employer	Occupation
Cigna Corp.	Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-12303-20-23

Amount of Each Receipt this Period

19.25

SUBTOTAL of Receipts This Page (optional).....▶	119.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Stephen W. Crawford

Mailing Address 216 B Ave

City State Zip Code
Coronado CA 92118-1955

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

Name of Employer Occupation
Cigna Corp. Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-12272-20-23

Amount of Each Receipt this Period
19.25

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

Mailing Address 2900 North Loop W

City State Zip Code
Houston TX 77092-8841

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

Name of Employer Occupation
Cigna Corp. Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-31258-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 2900 North Loop W

City State Zip Code
Houston TX 77092-8841

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

Name of Employer Occupation
Cigna Corp. Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-31270-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **169.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 179
	<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. Andrew D. Crooks
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-7777-20-23

Amount of Each Receipt this Period 100.00

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

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-7762-20-23

Amount of Each Receipt this Period 100.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-11030-20-23

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00

TOTAL This Period (last page this line 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 42 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 Cigna Corp. Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-11010-20-23

Amount of Each Receipt this Period
 20.00

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

Mailing Address 2 College Park Dr

City State Zip Code
 Hooksett NH 03106-1636

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-9468-20-23

Amount of Each Receipt this Period
 20.00

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

Mailing Address 2 College Park Dr

City State Zip Code
 Hooksett NH 03106-1636

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-9450-20-23

Amount of Each Receipt this Period
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 300 Bellevue Pkwy
Ste 101

City State Zip Code
Wilmington DE 19809-3704

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-9223-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 300 Bellevue Pkwy
Ste 101

City State Zip Code
Wilmington DE 19809-3704

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-9208-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 601 Pennsylvania Ave NW

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation
Cigna Corp. Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-2299-20-23

Amount of Each Receipt this Period
50.00

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 44 OF 179
	<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. Kristin Damato
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

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

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-2298-20-23

Amount of Each Receipt this Period **50.00**

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

Mailing Address 9009 Carothers Pkwy

City Franklin State TN Zip Code 37067-1704

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

Name of Employer Cigna Corp. Occupation RVP Segment Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3060.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-31513-20-23

Amount of Each Receipt this Period **170.00**

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

Mailing Address 9009 Carothers Pkwy

City Franklin State TN Zip Code 37067-1704

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

Name of Employer Cigna Corp. Occupation RVP Segment Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3060.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-31522-20-23

Amount of Each Receipt this Period **170.00**

SUBTOTAL of Receipts This Page (optional)..... **390.00**

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

**SCHEDULE A (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 179
	<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. Johannes M. De Jong
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-224-20-23
 Amount of Each Receipt this Period 25.00

B. Johannes M. De Jong
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-224-20-23
 Amount of Each Receipt this Period 25.00

C. Christopher De Rosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Executive Park
 City Irvine State CA Zip Code 92614-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-1589-20-23
 Amount of Each Receipt this Period 100.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christopher De Rosa

Mailing Address 26 Executive Park

City State Zip Code
 Irvine CA 92614-6739

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-1590-20-23

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. John R. DeFeo

Mailing Address 1721 Chantilly Ln

City State Zip Code
 Chester Springs PA 19425-1734

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

Name of Employer Occupation
 Cigna Corp. VP Information Technology

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2430.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-18765-20-23

Amount of Each Receipt this Period
 135.00

Full Name (Last, First, Middle Initial)
c. John R. DeFeo

Mailing Address 1721 Chantilly Ln

City State Zip Code
 Chester Springs PA 19425-1734

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

Name of Employer Occupation
 Cigna Corp. VP Information Technology

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2430.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-18697-20-23

Amount of Each Receipt this Period
 135.00

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 47 OF 179
	<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. Elizabeth DeForest
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-9099-20-23

Amount of Each Receipt this Period **15.00**

B. Elizabeth DeForest
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Audit Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-9081-20-23

Amount of Each Receipt this Period **15.00**

C. Mary DeNicola
Full Name (Last, First, Middle Initial)

Mailing Address 26 Executive Park

City Irvine State CA Zip Code 92614-6739

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-9282-20-23

Amount of Each Receipt this Period **75.00**

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 48 OF 179
<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. Mary DeNicola
Full Name (Last, First, Middle Initial)
Mailing Address 26 Executive Park
City Irvine State CA Zip Code 92614-6739
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1350.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-9267-20-23
Amount of Each Receipt this Period 75.00

B. Edwin J. Detrick
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Chestnut St # 2
City Philadelphia State PA Zip Code 19192-0002
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation VP Investor Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 360.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-2379-20-23
Amount of Each Receipt this Period 20.00

C. Edwin J. Detrick
Full Name (Last, First, Middle Initial)
Mailing Address 1601 Chestnut St # 2
City Philadelphia State PA Zip Code 19192-0002
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation VP Investor Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 360.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-2378-20-23
Amount of Each Receipt this Period 20.00

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 49 OF 179
<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. Brendan J. Devine
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW

City Washington	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation Government Affairs Director
---------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-26052-20-23

Amount of Each Receipt this Period
50.00

B. Brendan J. Devine
Full Name (Last, First, Middle Initial)

Mailing Address 601 Pennsylvania Ave NW

City Washington	State DC	Zip Code 20004-2601
--------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation Government Affairs Director
---------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-25926-20-23

Amount of Each Receipt this Period
50.00

C. Constance J. DiManno
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford	State CT	Zip Code 06152-0001
------------------	-------------	------------------------

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

Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-9595-20-23

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 179
(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. Constance J. DiManno
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-9577-20-23
 Amount of Each Receipt this Period 50.00

B. Jeannine Doherty
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 E High St
 City Phoenix State AZ Zip Code 85054-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.47

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-27-20-23
 Amount of Each Receipt this Period 6.94

C. Jeannine Doherty
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 E High St
 City Phoenix State AZ Zip Code 85054-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.47

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-27-20-23
 Amount of Each Receipt this Period 6.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.88
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Eugene H. Dours		Date of Receipt
Mailing Address 1640 Dallas Pkwy		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City State Zip Code Plano TX 75093-4515		Transaction ID : 20140811-5147-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Sales Manager		<input type="text" value="18.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.00"/>	

Full Name (Last, First, Middle Initial) B. Eugene H. Dours		Date of Receipt
Mailing Address 1640 Dallas Pkwy		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Plano TX 75093-4515		Transaction ID : 20140825-5143-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Sales Manager		<input type="text" value="18.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.00"/>	

Full Name (Last, First, Middle Initial) C. Michael D. Elmore		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City State Zip Code Hartford CT 06152-0001		Transaction ID : 20140811-19313-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Cigna Corp. IT Senior Director		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="112.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 52 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Michael D. Elmore
Mailing Address 900 Cottage Grove Rd
City State Zip Code
Hartford CT 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Cigna Corp. IT Senior Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-19241-20-23
Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Scott E. Evelyn
Mailing Address 140 E 45th St
City State Zip Code
New York NY 10017-3144
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Cigna Corporation General Manager
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
900.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-13932-20-23
Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Scott E. Evelyn
Mailing Address 140 E 45th St
City State Zip Code
New York NY 10017-3144
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Cigna Corporation General Manager
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
900.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-13885-20-23
Amount of Each Receipt this Period
50.00

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 53 OF 179
	<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. Beverly J. Everett
Full Name (Last, First, Middle Initial)

Mailing Address 8228 Academy Rd

City Ellicott City State MD Zip Code 21043-5519

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-107-20-23

Amount of Each Receipt this Period **20.00**

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

Mailing Address 8228 Academy Rd

City Ellicott City State MD Zip Code 21043-5519

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-107-20-23

Amount of Each Receipt this Period **20.00**

C. Kimberly A. Feltovic
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Account Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-11224-20-23

Amount of Each Receipt this Period **19.25**

SUBTOTAL of Receipts This Page (optional)..... **59.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Kimberly A. Feltovic

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-11203-20-23

Amount of Each Receipt this Period
19.25

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

Mailing Address 15 Dilaj Dr

City Columbia State CT Zip Code 06237-1048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-1807-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 15 Dilaj Dr

City Columbia State CT Zip Code 06237-1048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-1808-20-23

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	59.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 179
(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. Scott M. Filiault
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Informatics Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-233-20-23
 Amount of Each Receipt this Period 25.00

B. Scott M. Filiault
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Informatics Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-233-20-23
 Amount of Each Receipt this Period 25.00

C. David H. Finley
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-18586-20-23
 Amount of Each Receipt this Period 50.00

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 56 OF 179
(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. David H. Finley
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-18519-20-23
 Amount of Each Receipt this Period
 50.00

B. Susan P. Fitzpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Washington Blvd
 City State Zip Code
 Jersey City NJ 07310-1995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Provider Contracting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-1586-20-23
 Amount of Each Receipt this Period
 50.00

C. Susan P. Fitzpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Washington Blvd
 City State Zip Code
 Jersey City NJ 07310-1995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Provider Contracting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-1587-20-23
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 179
	<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. Brett L. Fleisher
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-9278-20-23

Amount of Each Receipt this Period **20.00**

B. Brett L. Fleisher
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-9263-20-23

Amount of Each Receipt this Period **20.00**

C. Mark Foulke
Full Name (Last, First, Middle Initial)

Mailing Address 530 Great Circle Rd

City Nashville State TN Zip Code 37228-1309

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

Name of Employer Cigna Corp. Occupation HS Network Opns Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-31390-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 179
	<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. Mark Foulke
Full Name (Last, First, Middle Initial)

Mailing Address 530 Great Circle Rd

City Nashville State TN Zip Code 37228-1309

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

Name of Employer Cigna Corp. Occupation HS Network Opns Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-31400-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-18601-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-2680-20-23

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Robert S. Fry		Date of Receipt
Mailing Address 525 W Monroe St		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60661-3629
FEC ID number of contributing federal political committee.		Transaction ID : 20140825-2679-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
CT GENERAL LIFE INSURANCE CO	Sales Director-Sales Mgt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Peter R. Gardner		Date of Receipt
Mailing Address 2900 North Loop W		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77092-8841
FEC ID number of contributing federal political committee.		Transaction ID : 20140811-31203-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Cigna Corp.	Market Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Peter R. Gardner		Date of Receipt
Mailing Address 2900 North Loop W		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77092-8841
FEC ID number of contributing federal political committee.		Transaction ID : 20140825-31216-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Cigna Corp.	Market Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (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 179
<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. Thomas Garvey
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-1920-20-23

Amount of Each Receipt this Period **19.25**

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

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-1921-20-23

Amount of Each Receipt this Period **19.25**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-8793-20-23

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **138.50**

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 61 OF 179
	<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. Willis H. Gee
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-8776-20-23

Amount of Each Receipt this Period
100.00

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

Mailing Address 612 Wheelers Farms Rd

City Milford State CT Zip Code 06461-1673

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.92

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-3751-20-23

Amount of Each Receipt this Period
6.48

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

Mailing Address 612 Wheelers Farms Rd

City Milford State CT Zip Code 06461-1673

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.92

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-3748-20-23

Amount of Each Receipt this Period
85.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.23

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

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

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

FOR LINE NUMBER: PAGE 62 OF 179
(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. Jennifer R. Gilbert
Full Name (Last, First, Middle Initial)
Mailing Address 6401 Poplar Ave
City Memphis State TN Zip Code 38119-4823
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation HS Network Opns Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-32092-20-23
Amount of Each Receipt this Period **50.00**

B. Jennifer R. Gilbert
Full Name (Last, First, Middle Initial)
Mailing Address 6401 Poplar Ave
City Memphis State TN Zip Code 38119-4823
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation HS Network Opns Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-32099-20-23
Amount of Each Receipt this Period **50.00**

C. Debra L. Glover
Full Name (Last, First, Middle Initial)
Mailing Address 9009 Carothers Pkwy
City Franklin State TN Zip Code 37067-1704
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation App Development Sr Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-30338-20-23
Amount of Each Receipt this Period **50.00**

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

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

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

FOR LINE NUMBER: PAGE 63 OF 179
(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. Debra L. Glover
 Full Name (Last, First, Middle Initial)
 Mailing Address 9009 Carothers Pkwy
 City State Zip Code
 Franklin TN 37067-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. App Development Sr Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-30356-20-23
 Amount of Each Receipt this Period
 50.00

B. John P. Godsill
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-8820-20-23
 Amount of Each Receipt this Period
 160.00

C. John P. Godsill
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-8803-20-23
 Amount of Each Receipt this Period
 160.00

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 64 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 300 Morrison Ave

City Easton State PA Zip Code 18042-1439

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-2110-20-23

Amount of Each Receipt this Period **20.00**

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

Mailing Address 300 Morrison Ave

City Easton State PA Zip Code 18042-1439

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-2109-20-23

Amount of Each Receipt this Period **20.00**

C. Richard Gray
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Strat And Bus Develop Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-1851-20-23

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 179
	<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. Richard Gray
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Strat And Bus Develop Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-1852-20-23

Amount of Each Receipt this Period
25.00

B. Bruce M. Grimm
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-6631-20-23

Amount of Each Receipt this Period
15.00

C. Bruce M. Grimm
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-6621-20-23

Amount of Each Receipt this Period
15.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 179
	<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. Jeffrey C. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-16635-20-23
 Amount of Each Receipt this Period
 24.00

B. Jeffrey C. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Information Protection Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-16581-20-23
 Amount of Each Receipt this Period
 24.00

C. David D. Guilmette
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-17597-20-23
 Amount of Each Receipt this Period
 192.00

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: PAGE 67 OF 179
(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. David D. Guilmette
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 E 45th St
 City State Zip Code
 New York NY 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Multi-Segment Lead
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-17535-20-23
 Amount of Each Receipt this Period
 192.00

B. James E. Gulley
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Great Circle Rd
 City State Zip Code
 Nashville TN 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. App Development Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-31002-20-23
 Amount of Each Receipt this Period
 25.00

c. James E. Gulley
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Great Circle Rd
 City State Zip Code
 Nashville TN 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. App Development Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-31017-20-23
 Amount of Each Receipt this Period
 25.00

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 68 OF 179
	<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. Theresa A. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village	State CO	Zip Code 80111-5002
---------------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation Sales Manager
---------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-14539-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 8505 E Orchard Rd

City Greenwood Village	State CO	Zip Code 80111-5002
---------------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation Sales Manager
---------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-14489-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 901 E Cary St

City Richmond	State VA	Zip Code 23219-4063
------------------	-------------	------------------------

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

Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Manager
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-4856-20-23

Amount of Each Receipt this Period
20.00

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

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

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

FOR LINE NUMBER: PAGE 69 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 901 E Cary St

City Richmond State VA Zip Code 23219-4063

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-4853-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 2700 Post Oak Blvd

City Houston State TX Zip Code 77056-5784

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-5049-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 2700 Post Oak Blvd

City Houston State TX Zip Code 77056-5784

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-5045-20-23

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Ben K. Haynes		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-3485-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 15.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Ben K. Haynes		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-3483-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 15.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Gregory T. Hicks		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-10749-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 40.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Human Resources
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 179
	<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 (Last, First, Middle Initial) A. Gregory T. Hicks		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-10730-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 40.00
City Hartford	State CT	
Zip Code 06152-0001		Amount of Each Receipt this Period 720.00
FEC ID number of contributing federal political committee. C	Occupation VP Human Resources	
Name of Employer CT GENERAL LIFE INSURANCE CO	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anthony Hipp		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-11986-20-23
Mailing Address 1 Cigna Dr		Amount of Each Receipt this Period 19.25
City Bourbonnais	State IL	
Zip Code 60914-4475		Amount of Each Receipt this Period 346.50
FEC ID number of contributing federal political committee. C	Occupation Operations Director	
Name of Employer Cigna Corp.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Hipp		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-11958-20-23
Mailing Address 1 Cigna Dr		Amount of Each Receipt this Period 19.25
City Bourbonnais	State IL	
Zip Code 60914-4475		Amount of Each Receipt this Period 346.50
FEC ID number of contributing federal political committee. C	Occupation Operations Director	
Name of Employer Cigna Corp.	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	78.50
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 72 OF 179
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2070.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-8775-20-23
 Amount of Each Receipt this Period 115.00

B. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2070.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-8758-20-23
 Amount of Each Receipt this Period 115.00

C. Robert P. Hockmuth
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 College Park Dr
 City Hooksett State NH Zip Code 03106-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-745-20-23
 Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.24
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 73 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert P. Hockmuth

Mailing Address 2 College Park Dr

City State Zip Code
 Hooksett NH 03106-1636

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-745-20-23

Amount of Each Receipt this Period
 19.24

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

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-2815-20-23

Amount of Each Receipt this Period
 40.00

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

Mailing Address 1601 Chestnut St # 2

City State Zip Code
 Philadelphia PA 19192-0002

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-2814-20-23

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 179
	(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"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3430 List Pl

City State Zip Code
Minneapolis MN 55416-4559

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

Name of Employer Occupation
Cigna Corp. Marketing Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-15667-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 3430 List Pl

City State Zip Code
Minneapolis MN 55416-4559

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

Name of Employer Occupation
Cigna Corp. Marketing Product Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-15615-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 10490 Little Patuxent Pkwy

City State Zip Code
Columbia MD 21044-4928

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-481-20-23

Amount of Each Receipt this Period
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Julia M. Huggins		Date of Receipt
Mailing Address 10490 Little Patuxent Pkwy		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Columbia State MD Zip Code 21044-4928		Transaction ID : 20140825-481-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1350.00"/>

Full Name (Last, First, Middle Initial) B. Jay L. Hurt		Date of Receipt
Mailing Address 2900 North Loop W		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Houston State TX Zip Code 77092-8841		Transaction ID : 20140811-31711-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna Corp. Occupation General Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1800.00"/>

Full Name (Last, First, Middle Initial) C. Jay L. Hurt		Date of Receipt
Mailing Address 2900 North Loop W		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Houston State TX Zip Code 77092-8841		Transaction ID : 20140825-31720-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna Corp. Occupation General Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1800.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Moin M. Iftkhar		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-1955-20-23
Mailing Address 212 Nathan Hale Dr		Amount of Each Receipt this Period 12.96
City Deptford	State NJ	Zip Code 08096-5148
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	
Occupation IT Principal		Aggregate Year-to-Date ▼ 229.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Moin M. Iftkhar		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-1956-20-23
Mailing Address 212 Nathan Hale Dr		Amount of Each Receipt this Period 12.96
City Deptford	State NJ	Zip Code 08096-5148
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	
Occupation IT Principal		Aggregate Year-to-Date ▼ 229.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alan Innes		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-1673-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 19.25
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	
Occupation Senior Counsel		Aggregate Year-to-Date ▼ 346.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	45.17
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alan Innes		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-1674-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 19.25
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Senior Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

Full Name (Last, First, Middle Initial) B. John M. Jacobs		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-2677-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 25.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Senior Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. John M. Jacobs		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-2676-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 25.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Senior Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	69.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7034 Lakewood Blvd

City Dallas State TX Zip Code 75214-3558

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

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-31644-20-23

Amount of Each Receipt this Period
192.30

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

Mailing Address 7034 Lakewood Blvd

City Dallas State TX Zip Code 75214-3558

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

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-31653-20-23

Amount of Each Receipt this Period
192.30

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

Mailing Address 400 N Brand Blvd

City Glendale State CA Zip Code 91203-2311

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-6020-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 409.60

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 79 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 400 N Brand Blvd

City State Zip Code
 Glendale CA 91203-2311

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-6012-20-23

Amount of Each Receipt this Period
 25.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-273-20-23

Amount of Each Receipt this Period
 50.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-273-20-23

Amount of Each Receipt this Period
 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 179
	<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. Nicole S. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation EVP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-12348-20-23

Amount of Each Receipt this Period
192.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation EVP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-12317-20-23

Amount of Each Receipt this Period
192.00

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

Mailing Address 2900 North Loop W

City Houston State TX Zip Code 77092-8841

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-30314-20-23

Amount of Each Receipt this Period
50.00

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 81 OF 179
	<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. Teresa R. Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 2900 North Loop W

City Houston State TX Zip Code 77092-8841

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-30332-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 701 Corporate Center Dr

City Raleigh State NC Zip Code 27607-5084

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-6543-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 701 Corporate Center Dr

City Raleigh State NC Zip Code 27607-5084

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-6534-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 179
	<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. Shankar Kalyanasundaram
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-9508-20-23

Amount of Each Receipt this Period **25.00**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-9490-20-23

Amount of Each Receipt this Period **25.00**

C. Rhonda M. Karlin
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-1654-20-23

Amount of Each Receipt this Period **12.00**

SUBTOTAL of Receipts This Page (optional)..... **62.00**

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

**SCHEDULE A (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 179
<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

Full Name (Last, First, Middle Initial) A. Rhonda M. Karlin		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-1655-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 12.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Assoc Chief Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Benjamin W. Katz		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-6162-20-23
Mailing Address 1 Front St		Amount of Each Receipt this Period 50.00
City San Francisco	State CA	Zip Code 94111-5325
FEC ID number of contributing federal political committee. C	Name of Employer Cigna HEALTHCARE OF CA, INC.	Occupation Provider Contracting Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Joan Kennedy		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-22437-20-23
Mailing Address 9 NE Lofting Way		Amount of Each Receipt this Period 160.00
City Stuart	State FL	Zip Code 34996-6512
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation VP Consumer Health Engagement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2880.00	

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: PAGE 84 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Joan Kennedy

Mailing Address 9 NE Lofting Way

City State Zip Code
 Stuart FL 34996-6512

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

Name of Employer Occupation
 Cigna Corp. VP Consumer Health Engagement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2880.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-22343-20-23

Amount of Each Receipt this Period
 160.00

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

Mailing Address 25500 N Norterra Dr Bldg B

City State Zip Code
 Phoenix AZ 85085-8200

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

Name of Employer Occupation
 Cigna Corp. General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-19959-20-23

Amount of Each Receipt this Period
 50.00

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

Mailing Address 25500 N Norterra Dr Bldg B

City State Zip Code
 Phoenix AZ 85085-8200

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

Name of Employer Occupation
 Cigna Corp. General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-19881-20-23

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00

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

**SCHEDULE A (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 179
	<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. Kristinn K. Klunkert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-31728-20-23
 Amount of Each Receipt this Period **100.00**

B. Kristinn K. Klunkert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Financial Analysis Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-31737-20-23
 Amount of Each Receipt this Period **100.00**

C. James Kucharczyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Strategic Sourcing Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-19787-20-23
 Amount of Each Receipt this Period **75.00**

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 86 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Strategic Sourcing Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-19711-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-878-20-23

Amount of Each Receipt this Period
15.29

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-878-20-23

Amount of Each Receipt this Period
15.29

SUBTOTAL of Receipts This Page (optional).....▶	105.58
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 179
	<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. Edward F. LaClair
Full Name (Last, First, Middle Initial)

Mailing Address 53 Glenmaura National Blvd

City State Zip Code
Scranton PA 18507-2132

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-1816-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 53 Glenmaura National Blvd

City State Zip Code
Scranton PA 18507-2132

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-1817-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

Name of Employer Occupation
Cigna Corp. Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-1290-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-1291-20-23**

Amount of Each Receipt this Period
50.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-22197-20-23**

Amount of Each Receipt this Period
50.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-22106-20-23**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-1025-20-23**

Amount of Each Receipt this Period
50.00

B. James Lemieux
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-1026-20-23**

Amount of Each Receipt this Period
50.00

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

Mailing Address 9701 W Higgins Rd

City Rosemont State IL Zip Code 60018-4703

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

Name of Employer Cigna Corp. Occupation Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-30423-20-23**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 179
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 9701 W Higgins Rd

City Rosemont State IL Zip Code 60018-4703

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

Name of Employer Cigna Corp. Occupation Account Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-30441-20-23

Amount of Each Receipt this Period
50.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-9813-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-9795-20-23

Amount of Each Receipt this Period
25.00

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 91 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1006 Columbine Rd

City Asheville State NC Zip Code 28803-1951

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

Name of Employer Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-12021-20-23

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. William M. Lopez

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 Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-11993-20-23

Amount of Each Receipt this Period
25.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-786-20-23

Amount of Each Receipt this Period
30.00

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 92 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-786-20-23

Amount of Each Receipt this Period **30.00**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-5893-20-23

Amount of Each Receipt this Period **15.00**

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-5886-20-23

Amount of Each Receipt this Period **15.00**

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

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

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

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

FOR LINE NUMBER: PAGE 93 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-3079-20-23

Amount of Each Receipt this Period
 12.00

Full Name (Last, First, Middle Initial)
B. William J. Maher

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-3077-20-23

Amount of Each Receipt this Period
 12.00

Full Name (Last, First, Middle Initial)
C. Carla C. Mangiafico

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-254-20-23

Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.00

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

**SCHEDULE A (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 179
	<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 (Last, First, Middle Initial) A. Carla C. Mangiafico		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-254-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 19.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	
Occupation Financial Analysis Director		Aggregate Year-to-Date 342.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark P. Marsters		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-9643-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 75.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer LIFE INS. CO. OF NORTH AMERICA	
Occupation VP Service Operations		Aggregate Year-to-Date 1350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark P. Marsters		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-9625-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 75.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer LIFE INS. CO. OF NORTH AMERICA	
Occupation VP Service Operations		Aggregate Year-to-Date 1350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	169.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 179
	<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 (Last, First, Middle Initial) A. Thomas J. Martel			Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-9353-20-23
Mailing Address 2223 Washington St			Amount of Each Receipt this Period 100.00
City Newton	State MA	Zip Code 02462-1417	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1800.00
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation RVP Segment Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Thomas J. Martel			Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-9338-20-23
Mailing Address 2223 Washington St			Amount of Each Receipt this Period 100.00
City Newton	State MA	Zip Code 02462-1417	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1800.00
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation RVP Segment Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Louise M. McCagg			Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-30236-20-23
Mailing Address 3601 Odonnell St			Amount of Each Receipt this Period 50.00
City Baltimore	State MD	Zip Code 21224-5238	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 900.00
Name of Employer Cigna Corp.		Occupation App Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

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:	PAGE 96 OF 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Louise M. McCagg		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-30255-20-23
Mailing Address 3601 Odonnell St		Amount of Each Receipt this Period 50.00
City Baltimore	State MD	Zip Code 21224-5238
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation App Development Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Elaine McCarthy		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-2338-20-23
Mailing Address 300 Bellevue Pkwy Ste 101		Amount of Each Receipt this Period 20.00
City Wilmington	State DE	Zip Code 19809-3704
FEC ID number of contributing federal political committee. C	Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Segment Marketing Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Elaine McCarthy		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-2337-20-23
Mailing Address 300 Bellevue Pkwy Ste 101		Amount of Each Receipt this Period 20.00
City Wilmington	State DE	Zip Code 19809-3704
FEC ID number of contributing federal political committee. C	Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Segment Marketing Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 179
<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. Thomas A. McCarthy
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Corp. Occupation EVP CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-8919-20-23

Amount of Each Receipt this Period 125.00

B. Thomas A. McCarthy
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Corp. Occupation EVP CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-8903-20-23

Amount of Each Receipt this Period 125.00

C. Peter W. McCauley
Full Name (Last, First, Middle Initial)

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

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

Name of Employer Cigna Corp. Occupation Medical Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-17924-20-23

Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.00

TOTAL This Period (last page this line 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 98 OF 179
(check only one)
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Peter W. McCauley

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 Cigna Corp. Occupation Medical Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-17860-20-23

Amount of Each Receipt this Period
22.00

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

Mailing Address 2 College Park Dr

City Hooksett State NH Zip Code 03106-1636

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

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-21182-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 2 College Park Dr

City Hooksett State NH Zip Code 03106-1636

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

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-21098-20-23

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.00**

TOTAL This Period (last page this line 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 99 OF 179
(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. Sheila McGinley-Graziosi
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-1351-20-23
 Amount of Each Receipt this Period
 50.00

B. Sheila McGinley-Graziosi
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-1352-20-23
 Amount of Each Receipt this Period
 50.00

C. Susan E. McMurray
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-450-20-23
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 100 OF 179
(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. Susan E. McMurray
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Accounting Senior Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-450-20-23
 Amount of Each Receipt this Period
 25.00

B. Marta Meester
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 Nobel Dr
 City State Zip Code
 San Diego CA 92122-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna HEALTHCARE OF CA, INC. Provider Contracting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-5985-20-23
 Amount of Each Receipt this Period
 20.00

C. Marta Meester
 Full Name (Last, First, Middle Initial)
 Mailing Address 3636 Nobel Dr
 City State Zip Code
 San Diego CA 92122-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna HEALTHCARE OF CA, INC. Provider Contracting Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-5977-20-23
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory J. Miller		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-30276-20-23
Mailing Address 530 Great Circle Rd		Amount of Each Receipt this Period 25.00
City Nashville	State TN	Zip Code 37228-1309
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Market Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Gregory J. Miller		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-30294-20-23
Mailing Address 530 Great Circle Rd		Amount of Each Receipt this Period 25.00
City Nashville	State TN	Zip Code 37228-1309
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation Market Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. David E. Mino		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-9691-20-23
Mailing Address 103 Lafayette Dr		Amount of Each Receipt this Period 15.00
City Washington Crossin	State PA	Zip Code 18977-1413
FEC ID number of contributing federal political committee. C	Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation Medical Senior Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 179
	<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. David E. Mino
Full Name (Last, First, Middle Initial)

Mailing Address 103 Lafayette Dr

City Washington Crossin State PA Zip Code 18977-1413

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-9673-20-23

Amount of Each Receipt this Period 15.00

B. Morris D. Mirabella
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-6312-20-23

Amount of Each Receipt this Period 75.00

C. Morris D. Mirabella
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-6303-20-23

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 179
	<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. Kymberly P. Miranda
Full Name (Last, First, Middle Initial)

Mailing Address 520 SE 5th Ave

City Fort Lauderdale State FL Zip Code 33301-2932

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-4308-20-23**

Amount of Each Receipt this Period
20.00

B. Kymberly P. Miranda
Full Name (Last, First, Middle Initial)

Mailing Address 520 SE 5th Ave

City Fort Lauderdale State FL Zip Code 33301-2932

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : **20140825-4304-20-23**

Amount of Each Receipt this Period
20.00

C. Jodie K. Mirfendereski
Full Name (Last, First, Middle Initial)

Mailing Address 104 Glenlivet Pl

City Powell State OH Zip Code 43065-9699

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.13**

Date of Receipt
08 / 14 / 2014
Transaction ID : **20140811-3672-20-23**

Amount of Each Receipt this Period
12.29

SUBTOTAL of Receipts This Page (optional)..... **52.29**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jodie K. Mirfendereski
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Glenlivet Pl
 City Powell State OH Zip Code 43065-9699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.13

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-3669-20-23
 Amount of Each Receipt this Period 12.29

B. Frank A. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 W 110th St
 City Overland Park State KS Zip Code 66210-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-10629-20-23
 Amount of Each Receipt this Period 100.00

C. Frank A. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7400 W 110th St
 City Overland Park State KS Zip Code 66210-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-10610-20-23
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.29
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 179
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alan M. Muney		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-17668-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 175.00
City Hartford	State CT	
Zip Code 06152-0001		Aggregate Year-to-Date ▼ 3150.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation VP Total Med/Chief Med Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Alan M. Muney		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-17605-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 175.00
City Hartford	State CT	
Zip Code 06152-0001		Aggregate Year-to-Date ▼ 3150.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation VP Total Med/Chief Med Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. John M. Murabito		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-9919-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 100.00
City Philadelphia	State PA	
Zip Code 19192-0002		Aggregate Year-to-Date ▼ 1800.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation EVP Human Resources & Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John M. Murabito		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-9901-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 100.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation EVP Human Resources & Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. John M. Murphy		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-7735-20-23
Mailing Address 255 Primera Blvd Ste 264		Amount of Each Receipt this Period 12.00
City Lake Mary	State FL	Zip Code 32746-2148
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Manager Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) C. John M. Murphy		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-7720-20-23
Mailing Address 255 Primera Blvd Ste 264		Amount of Each Receipt this Period 12.00
City Lake Mary	State FL	Zip Code 32746-2148
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Manager Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

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:	PAGE 107 OF 179
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Paula Murphy

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-4280-20-23

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Paula Murphy

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-4276-20-23

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. Noreen Nageotte

Mailing Address 3 Summit Park Dr

City State Zip Code
Independence OH 44131-2599

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-6764-20-23

Amount of Each Receipt this Period
75.00

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 108 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Noreen Nageotte		Date of Receipt
Mailing Address 3 Summit Park Dr		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Independence State OH Zip Code 44131-2599		Transaction ID : 20140825-6753-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/>		

Full Name (Last, First, Middle Initial) B. Laurinda M. Newell		Date of Receipt
Mailing Address 25500 N Norterra Dr Bldg B		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Phoenix State AZ Zip Code 85085-8200		Transaction ID : 20140811-9739-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>		

Full Name (Last, First, Middle Initial) C. Laurinda M. Newell		Date of Receipt
Mailing Address 25500 N Norterra Dr Bldg B		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Phoenix State AZ Zip Code 85085-8200		Transaction ID : 20140825-9721-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 109 OF 179
(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. Daniel Nicoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Huntington Quad
 City Melville State NY Zip Code 11747-4602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.74

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-1886-20-23
 Amount of Each Receipt this Period
 26.93

B. Daniel Nicoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Huntington Quad
 City Melville State NY Zip Code 11747-4602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.74

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-1887-20-23
 Amount of Each Receipt this Period
 26.93

C. Michael T. Nole
 Full Name (Last, First, Middle Initial)
 Mailing Address 1571 Sawgrass Corporate Pkwy
 City Sunrise State FL Zip Code 33323-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Sales Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-16680-20-23
 Amount of Each Receipt this Period
 50.00

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 110 OF 179
	<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. Michael T. Nole
Full Name (Last, First, Middle Initial)

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

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

Name of Employer	Occupation
Cigna Corp.	Sales Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-16626-20-23

Amount of Each Receipt this Period

50.00

B. Richard S. Novack
Full Name (Last, First, Middle Initial)

Mailing Address Two Securities Centre

City	State	Zip Code
Atlanta	GA	30305

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

Name of Employer	Occupation
Cigna Corp.	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-16516-20-23

Amount of Each Receipt this Period

50.00

C. Richard S. Novack
Full Name (Last, First, Middle Initial)

Mailing Address Two Securities Centre

City	State	Zip Code
Atlanta	GA	30305

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

Name of Employer	Occupation
Cigna Corp.	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-16462-20-23

Amount of Each Receipt this Period

50.00

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

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

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

FOR LINE NUMBER: PAGE 111 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Eliana M. Nunez

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operating Effectiveness Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-1147-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Eliana M. Nunez

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Operating Effectiveness Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-1148-20-23

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. William J. O'Donnell

Mailing Address 499 Washington Blvd

City State Zip Code
 Jersey City NJ 07310-1995

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

Name of Employer Occupation
 Cigna Corp. Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-14990-20-23

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William J. O'Donnell
Full Name (Last, First, Middle Initial)

Mailing Address 499 Washington Blvd

City Jersey City State NJ Zip Code 07310-1995

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

Name of Employer Cigna Corp. Occupation Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-14939-20-23

Amount of Each Receipt this Period
20.00

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

Mailing Address 1701 Patterson Rd

City Austin State TX Zip Code 78733-6500

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

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3461.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-12280-20-23

Amount of Each Receipt this Period
192.30

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

Mailing Address 1701 Patterson Rd

City Austin State TX Zip Code 78733-6500

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

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3461.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-12249-20-23

Amount of Each Receipt this Period
192.30

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: (check only one)	PAGE 113 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Business Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-5501-20-23

Amount of Each Receipt this Period **192.00**

B. Eric P. Palmer
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Business Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3456.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-5496-20-23

Amount of Each Receipt this Period **192.00**

C. Jeffery P. Panter
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-4550-20-23

Amount of Each Receipt this Period **19.25**

SUBTOTAL of Receipts This Page (optional)..... **403.25**

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

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

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

FOR LINE NUMBER: PAGE 114 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeffery P. Panter

Mailing Address 7555 Goodwin Rd

City State Zip Code
 Chattanooga TN 37421-3183

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 346.50

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-4546-20-23

Amount of Each Receipt this Period
 19.25

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO SVP Reinsurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-427-20-23

Amount of Each Receipt this Period
 50.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO SVP Reinsurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-427-20-23

Amount of Each Receipt this Period
 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 115 OF 179
(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. Allen C. Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-31705-20-23
 Amount of Each Receipt this Period 100.00

B. Allen C. Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-31714-20-23
 Amount of Each Receipt this Period 100.00

C. Heather R. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-30413-20-23
 Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 116 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 530 Great Circle Rd

City Nashville State TN Zip Code 37228-1309

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

Name of Employer Cigna Corp. Occupation Financial Analysis Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-30431-20-23

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Danthu T. Phan

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Corp. Occupation VP Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-10719-20-23

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Danthu T. Phan

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Corp. Occupation VP Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-10700-20-23

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 179
	<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. Robert D. Picinich
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-1976-20-23

Amount of Each Receipt this Period
25.00

B. Robert D. Picinich
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-1977-20-23

Amount of Each Receipt this Period
25.00

C. Jeremiah Pierson
Full Name (Last, First, Middle Initial)

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 Cigna Corp. Occupation Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-22827-20-23

Amount of Each Receipt this Period
30.00

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 118 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Jeremiah Pierson

Mailing Address 317 Spy Glass Hill Rd

City State Zip Code
 Bath PA 18014-1631

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

Name of Employer Occupation
 Cigna Corp. Architecture Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-22725-20-23

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Charles C. Pitts

Mailing Address 11016 Rushmore Dr

City State Zip Code
 Charlotte NC 28277-3474

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

Name of Employer Occupation
 Cigna Corp. General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-12473-20-23

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
c. Charles C. Pitts

Mailing Address 11016 Rushmore Dr

City State Zip Code
 Charlotte NC 28277-3474

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

Name of Employer Occupation
 Cigna Corp. General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-12441-20-23

Amount of Each Receipt this Period
 40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 179
<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. David M. Porcello
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford	State CT	Zip Code 06152-0001
------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation VP Tax
---------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-1238-20-23

Amount of Each Receipt this Period

50.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford	State CT	Zip Code 06152-0001
------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation VP Tax
---------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : 20140825-1239-20-23

Amount of Each Receipt this Period

50.00

C. Jonathan M. Prokup
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia	State PA	Zip Code 19192-0002
----------------------	-------------	------------------------

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

Name of Employer Cigna Corp.	Occupation Senior Counsel
---------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 20140811-22069-20-23

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Jonathan M. Prokup

Mailing Address 1601 Chestnut St
2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Cigna Corp. Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-21978-20-23

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Philip Rabinowitz

Mailing Address 3000 Park Lane Dr

City Pittsburgh State PA Zip Code 15275

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

Name of Employer Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-11492-20-23

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Philip Rabinowitz

Mailing Address 3000 Park Lane Dr

City Pittsburgh State PA Zip Code 15275

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

Name of Employer Cigna Corp. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-11470-20-23

Amount of Each Receipt this Period
40.00

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

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

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

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

FOR LINE NUMBER: PAGE 121 OF 179
(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. Edward J. Rado
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-16211-20-23
 Amount of Each Receipt this Period 75.00

B. Edward J. Rado
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-16158-20-23
 Amount of Each Receipt this Period 75.00

C. Eugene J. Rapisardi
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-13999-20-23
 Amount of Each Receipt this Period 50.00

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 122 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Eugene J. Rapisardi		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-13952-20-23
Mailing Address 400 N Brand Blvd		Amount of Each Receipt this Period 50.00
City Glendale	State CA	Zip Code 91203-2311
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. William J. Reedy		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-5443-20-23
Mailing Address Stapley Corporate Center		Amount of Each Receipt this Period 20.00
City Mesa	State AZ	Zip Code 85204
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna HEALTHCARE OF AZ, INC	Occupation Urgent Care Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. William J. Reedy		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-5438-20-23
Mailing Address Stapley Corporate Center		Amount of Each Receipt this Period 20.00
City Mesa	State AZ	Zip Code 85204
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna HEALTHCARE OF AZ, INC	Occupation Urgent Care Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 123 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brett A. Reinholz

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Administration Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-3843-20-23

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Brett A. Reinholz

Mailing Address 525 W Monroe St

City Chicago State IL Zip Code 60661-3629

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Administration Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-3839-20-23

Amount of Each Receipt this Period
15.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Strategy and Bus Developmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-620-20-23

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 OF 179
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thomas B. Richards		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-620-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 25.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Strategy and Bus Developmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Jeffrey T. Rigg		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-19595-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 100.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation VP Internal Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) c. Jeffrey T. Rigg		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-19521-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 100.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	Occupation VP Internal Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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 125 OF 179
	<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. Catherine M. Riley
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Faber Place Dr

City Charleston State SC Zip Code 29405-8585

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-1950-20-23

Amount of Each Receipt this Period **50.00**

B. Catherine M. Riley
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Faber Place Dr

City Charleston State SC Zip Code 29405-8585

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-1951-20-23

Amount of Each Receipt this Period **50.00**

C. Cathryn Riley
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

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

Name of Employer Cigna Corp. Occupation Operations Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-16558-20-23

Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional)..... **121.00**

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

**SCHEDULE A (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 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cathryn Riley		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-16504-20-23
Mailing Address 25500 N Norterra Dr Bldg B		Amount of Each Receipt this Period 21.00
City Phoenix	State AZ	
Zip Code 85085-8200		Aggregate Year-to-Date ▼ 378.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin L. Ritchie		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-792-20-23
Mailing Address 140 E 45th St		Amount of Each Receipt this Period 75.00
City New York	State NY	
Zip Code 10017-3144		Aggregate Year-to-Date ▼ 1350.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin L. Ritchie		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-792-20-23
Mailing Address 140 E 45th St		Amount of Each Receipt this Period 75.00
City New York	State NY	
Zip Code 10017-3144		Aggregate Year-to-Date ▼ 1350.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	171.00
TOTAL This Period (last page this line 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 127 OF 179
	(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. John Rottkamp
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO VP Enterprise Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-1775-20-23

Amount of Each Receipt this Period
100.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO VP Enterprise Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-1776-20-23

Amount of Each Receipt this Period
100.00

C. Diane C. Russell
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City State Zip Code
Philadelphia PA 19192-0002

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-2753-20-23

Amount of Each Receipt this Period
15.00

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: PAGE 128 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Diane C. Russell

Mailing Address 1601 Chestnut St
 # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer Occupation
 LIFE INS. CO. OF NORTH AMERICA Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-2752-20-23

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Richard B. Salmon

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-1810-20-23

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Richard B. Salmon

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-1811-20-23

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jon L. Sandberg		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014 Transaction ID : 20140811-21942-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 50.00
City Hartford	State CT	
Zip Code 06152-0001		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Business Comm Sr Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jon L. Sandberg		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014 Transaction ID : 20140825-21851-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 50.00
City Hartford	State CT	
Zip Code 06152-0001		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Business Comm Sr Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Paul A. Sanford		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014 Transaction ID : 20140811-7661-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 192.00
City Hartford	State CT	
Zip Code 06152-0001		Aggregate Year-to-Date ▼ 3456.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Operating Effectiveness	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 130 OF 179
(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. Paul A. Sanford
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO VP Operating Effectiveness
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-7646-20-23
 Amount of Each Receipt this Period
 192.00

B. David N. Sasportas
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Project Management Sr Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-378-20-23
 Amount of Each Receipt this Period
 50.00

C. David N. Sasportas
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City State Zip Code
 Hartford CT 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Project Management Sr Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-378-20-23
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 179
	<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. Frank Sataline
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-428-20-23

Amount of Each Receipt this Period
85.00

B. Frank Sataline
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-428-20-23

Amount of Each Receipt this Period
85.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
Hartford CT 06152-0001

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

Name of Employer Occupation
Cigna Corp. Compliance Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-589-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 179
<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. David A. Savino
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Compliance Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-589-20-23

Amount of Each Receipt this Period 25.00

B. Frederick E. Scardelletto
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Provider Contracting Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-2725-20-23

Amount of Each Receipt this Period 15.00

C. Frederick E. Scardelletto
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Chestnut St # 2

City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Provider Contracting Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-2724-20-23

Amount of Each Receipt this Period 15.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David S. Scheibe		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-1312-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 50.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Treasury Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. David S. Scheibe		Date of Receipt 08 / 28 / 2014 Transaction ID : 20140825-1313-20-23
Mailing Address 1601 Chestnut St # 2		Amount of Each Receipt this Period 50.00
City Philadelphia	State PA	Zip Code 19192-0002
FEC ID number of contributing federal political committee. C		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Treasury Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) c. John E. Shepard		Date of Receipt 08 / 14 / 2014 Transaction ID : 20140811-7384-20-23
Mailing Address 900 Cottage Grove Rd		Amount of Each Receipt this Period 60.00
City Hartford	State CT	Zip Code 06152-0001
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Information Protection Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John E. Shepard
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-7370-20-23

Amount of Each Receipt this Period
60.00

B. Kenneth R. Silvay
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-962-20-23

Amount of Each Receipt this Period
50.00

C. Kenneth R. Silvay
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-962-20-23

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Marcus D. Skipwith

Mailing Address 2 Chase Corporate Dr

City Hoover State AL Zip Code 35244-1016

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

Name of Employer Cigna Corp. Occupation App Development Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-31268-20-23

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Marcus D. Skipwith

Mailing Address 2 Chase Corporate Dr

City Hoover State AL Zip Code 35244-1016

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

Name of Employer Cigna Corp. Occupation App Development Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-31280-20-23

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Jay Smith

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-9786-20-23

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 136 OF 179
(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. Jay Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-9768-20-23
 Amount of Each Receipt this Period
 25.00

B. Raymond Smithberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-9854-20-23
 Amount of Each Receipt this Period
 19.25

C. Raymond Smithberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-9836-20-23
 Amount of Each Receipt this Period
 19.25

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 137 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Business Comm Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1620.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-19708-20-23

Amount of Each Receipt this Period
90.00

B. Diana Sousa
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Business Comm Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1620.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-19633-20-23

Amount of Each Receipt this Period
90.00

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

Mailing Address 7555 Goodwin Rd

City Chattanooga State TN Zip Code 37421-3183

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-9942-20-23

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional).....▶	199.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 138 OF 179
(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. Kenneth Stapleton
 Full Name (Last, First, Middle Initial)
 Mailing Address 7555 Goodwin Rd
 City State Zip Code
 Chattanooga TN 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO HR Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-9924-20-23
 Amount of Each Receipt this Period
 19.25

B. Jennifer Stepp
 Full Name (Last, First, Middle Initial)
 Mailing Address 4144 Central Ave
 City State Zip Code
 Indianapolis IN 46205-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Account Manager-National Accts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 353.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-3809-20-23
 Amount of Each Receipt this Period
 14.81

C. Jennifer Stepp
 Full Name (Last, First, Middle Initial)
 Mailing Address 4144 Central Ave
 City State Zip Code
 Indianapolis IN 46205-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Account Manager-National Accts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 353.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-3806-20-23
 Amount of Each Receipt this Period
 14.81

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.87
TOTAL This Period (last page this line 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 139 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Daniel M. Sullivan

Mailing Address 1000 Corporate Centre Dr

City State Zip Code
 Franklin TN 37067-2611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-1518-20-23

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Daniel M. Sullivan

Mailing Address 1000 Corporate Centre Dr

City State Zip Code
 Franklin TN 37067-2611

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-1519-20-23

Amount of Each Receipt this Period
 15.00

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

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 484.74

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-10420-20-23

Amount of Each Receipt this Period
 26.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 56.93

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

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

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

FOR LINE NUMBER: PAGE 140 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gregory J. Sullivan

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 484.74

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-10401-20-23

Amount of Each Receipt this Period
 26.93

Full Name (Last, First, Middle Initial)
B. Gerald T. Sweeney

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 Cigna Corp. VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-16270-20-23

Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
C. Gerald T. Sweeney

Mailing Address 900 Cottage Grove Rd

City State Zip Code
 Hartford CT 06152-0001

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

Name of Employer Occupation
 Cigna Corp. VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-16217-20-23

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 179
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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	

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

A. Paul C. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 2223 Washington St

City Newton State MA Zip Code 02462-1417

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

Name of Employer Cigna Corp. Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-12826-20-23

Amount of Each Receipt this Period
 15.00

B. Paul C. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 2223 Washington St

City Newton State MA Zip Code 02462-1417

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

Name of Employer Cigna Corp. Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-12792-20-23

Amount of Each Receipt this Period
 15.00

c. Shelly Swinford
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.17

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-3791-20-23

Amount of Each Receipt this Period
 18.53

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 179
	<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. Shelly Swinford
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **331.17**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-3788-20-23

Amount of Each Receipt this Period **18.53**

B. Jan C. Sykes
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 14 / 2014**

Transaction ID : 20140811-7965-20-23

Amount of Each Receipt this Period **50.00**

c. Jan C. Sykes
Full Name (Last, First, Middle Initial)

Mailing Address 25500 N Norterra Dr Bldg B

City Phoenix State AZ Zip Code 85085-8200

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2014**

Transaction ID : 20140825-7949-20-23

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **118.53**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 179
	<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. Doryne Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 1640 Dallas Pkwy
City Plano State TX Zip Code 75093-4515
FEC ID number of contributing federal political committee. **C**
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Operations Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-9819-20-23
Amount of Each Receipt this Period **50.00**

B. Doryne Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 1640 Dallas Pkwy
City Plano State TX Zip Code 75093-4515
FEC ID number of contributing federal political committee. **C**
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Operations Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-9801-20-23
Amount of Each Receipt this Period **50.00**

C. Stephen M. Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Dir
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-748-20-23
Amount of Each Receipt this Period **50.00**

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

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

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

FOR LINE NUMBER: PAGE 144 OF 179
(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. Stephen M. Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Information Protection Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-748-20-23
 Amount of Each Receipt this Period 50.00

B. Jeffrey E. Tindall
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-10605-20-23
 Amount of Each Receipt this Period 20.00

C. Jeffrey E. Tindall
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-10586-20-23
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 179
	<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. Rhonda L. Toole
Full Name (Last, First, Middle Initial)

Mailing Address 5556 Indigo Fields Blvd

City North Charleston State SC Zip Code 29418-2626

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-3328-20-23

Amount of Each Receipt this Period 15.00

B. Rhonda L. Toole
Full Name (Last, First, Middle Initial)

Mailing Address 5556 Indigo Fields Blvd

City North Charleston State SC Zip Code 29418-2626

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-3326-20-23

Amount of Each Receipt this Period 15.00

C. Michael W. Triplett
Full Name (Last, First, Middle Initial)

Mailing Address 901 E Cary St

City Richmond State VA Zip Code 23219-4063

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-676-20-23

Amount of Each Receipt this Period 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 146 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 901 E Cary St

City Richmond State VA Zip Code 23219-4063

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-676-20-23

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Julie A. Vayer

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna BEHAVIORAL HEALTH, INC. Occupation VP Total Health & Network Oper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 20140811-7600-20-23

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Julie A. Vayer

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna BEHAVIORAL HEALTH, INC. Occupation VP Total Health & Network Oper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : 20140825-7586-20-23

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jennifer L. Velasquez
Full Name (Last, First, Middle Initial)

Mailing Address Health Plans Inc

City Miami State FL Zip Code 33165

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

Name of Employer Cigna Corp. Occupation App Development Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-31826-20-23

Amount of Each Receipt this Period **50.00**

B. Jennifer L. Velasquez
Full Name (Last, First, Middle Initial)

Mailing Address Health Plans Inc

City Miami State FL Zip Code 33165

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

Name of Employer Cigna Corp. Occupation App Development Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-31835-20-23

Amount of Each Receipt this Period **50.00**

C. Martha I. Vinas
Full Name (Last, First, Middle Initial)

Mailing Address 5304 Fishhawk Ridge Dr

City Lithia State FL Zip Code 33547-3966

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

Name of Employer Cigna Corp. Occupation Business Project Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-20903-20-23

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Martha I. Vinas

Mailing Address 5304 Fishhawk Ridge Dr

City Lithia State FL Zip Code 33547-3966

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

Name of Employer Cigna Corp. Occupation Business Project Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-20821-20-23

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Brian Wallach

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 CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **448.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-6785-20-23

Amount of Each Receipt this Period
29.93

Full Name (Last, First, Middle Initial)
C. Patricia J. Walsh

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation VP Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-19639-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **154.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patricia J. Walsh		Date of Receipt
Mailing Address 900 Cottage Grove Rd		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hartford	CT	06152-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140825-19564-20-23
Name of Employer Cigna Corp.		Amount of Each Receipt this Period
Occupation VP Deputy General Counsel		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Justin J. Warrington		Date of Receipt
Mailing Address 1601 Chestnut St # 2		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19192-0002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140811-2116-20-23
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Amount of Each Receipt this Period
Occupation Financial Strategy Sr Director		<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Justin J. Warrington		Date of Receipt
Mailing Address 1601 Chestnut St # 2		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19192-0002
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140825-2115-20-23
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Amount of Each Receipt this Period
Occupation Financial Strategy Sr Director		<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Philip J. Wasden		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-4896-20-23
Mailing Address Two Securities Centre		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	
Zip Code 30305		Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer CIGNA HEALTHCARE OF GA, INC.	Occupation Manager Account Mgmt	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Philip J. Wasden		Date of Receipt MM / DD / YYYY 08 / 28 / 2014 Transaction ID : 20140825-4892-20-23
Mailing Address Two Securities Centre		Amount of Each Receipt this Period 50.00
City Atlanta	State GA	
Zip Code 30305		Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer CIGNA HEALTHCARE OF GA, INC.	Occupation Manager Account Mgmt	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Eric E. Wawrzon		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 Transaction ID : 20140811-32031-20-23
Mailing Address 530 Great Circle Rd		Amount of Each Receipt this Period 20.00
City Nashville	State TN	
Zip Code 37228-1309		Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Technical Support Manager	Amount of Each Receipt this Period 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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 179
	<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. Eric E. Wawrzon
Full Name (Last, First, Middle Initial)

Mailing Address 530 Great Circle Rd

City Nashville State TN Zip Code 37228-1309

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

Name of Employer Cigna Corp. Occupation Technical Support Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-32040-20-23

Amount of Each Receipt this Period 20.00

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

Mailing Address 1 Front St

City San Francisco State CA Zip Code 94111-5325

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 14 / 2014
Transaction ID : 20140811-7387-20-23

Amount of Each Receipt this Period 25.00

C. Peter B. Welch
Full Name (Last, First, Middle Initial)

Mailing Address 1 Front St

City San Francisco State CA Zip Code 94111-5325

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2014
Transaction ID : 20140825-7373-20-23

Amount of Each Receipt this Period 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-21955-20-23

Amount of Each Receipt this Period
50.00

B. William M. Welch
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer Cigna Corp. Occupation Assoc Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-21864-20-23

Amount of Each Receipt this Period
50.00

C. Jennifer L. Wheatley
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village State CO Zip Code 80111-5002

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

Name of Employer Cigna Corp. Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-15489-20-23

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 179
<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. Jennifer L. Wheatley
Full Name (Last, First, Middle Initial)

Mailing Address 8505 E Orchard Rd

City Greenwood Village State CO Zip Code 80111-5002

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

Name of Employer Cigna Corp. Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-15438-20-23

Amount of Each Receipt this Period
 25.00

B. Christopher J. Whelan
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-10251-20-23

Amount of Each Receipt this Period
 20.00

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

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-10233-20-23

Amount of Each Receipt this Period
 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 154 OF 179
(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. Reginald White
 Full Name (Last, First, Middle Initial)
 Mailing Address Two Securities Centre
 City Atlanta State GA Zip Code 30305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-10888-20-23
 Amount of Each Receipt this Period
 50.00

B. Reginald White
 Full Name (Last, First, Middle Initial)
 Mailing Address Two Securities Centre
 City Atlanta State GA Zip Code 30305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-10869-20-23
 Amount of Each Receipt this Period
 50.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014
Transaction ID : 20140811-7584-20-23
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lance Wilkes
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Strategy Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-7570-20-23

Amount of Each Receipt this Period **50.00**

B. Diane M. Wilkosz
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

Name of Employer CIGNA HEALTHCARE OF FL, INC Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **740.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-1861-20-23

Amount of Each Receipt this Period **74.00**

C. Diane M. Wilkosz
Full Name (Last, First, Middle Initial)

Mailing Address 2701 N Rocky Point Dr

City Tampa State FL Zip Code 33607-5917

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

Name of Employer CIGNA HEALTHCARE OF FL, INC Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **740.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-1862-20-23

Amount of Each Receipt this Period **74.00**

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: PAGE 156 OF 179
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Daniel Wiss

Mailing Address 231 S Bemiston Ave

City Clayton State MO Zip Code 63105-1914

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-8795-20-23

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Daniel Wiss

Mailing Address 231 S Bemiston Ave

City Clayton State MO Zip Code 63105-1914

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014
Transaction ID : 20140825-8778-20-23

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Bradley A. Wolfram

Mailing Address 11200 Lakeline Blvd Ste 100

City Austin State TX Zip Code 78717-5964

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

Name of Employer Cigna Corp. Occupation Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014
Transaction ID : 20140811-32439-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **155.00**

TOTAL This Period (last page this line 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 157 OF 179
(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 (Last, First, Middle Initial)
A. Bradley A. Wolfram

Mailing Address 11200 Lakeline Blvd
Ste 100

City Austin State TX Zip Code 78717-5964

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

Name of Employer Cigna Corp. Occupation Operations Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-32444-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017-3144

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

Name of Employer Cigna Corp. Occupation VP Network Delivery Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3150.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-22876-20-23

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
C. John M. Wray

Mailing Address 140 E 45th St

City New York State NY Zip Code 10017-3144

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

Name of Employer Cigna Corp. Occupation VP Network Delivery Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3150.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-22774-20-23

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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

**SCHEDULE A (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 179
	<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. Bu Yang
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation IT Senior Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 990.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-7337-20-23
Amount of Each Receipt this Period
55.00

B. Bu Yang
Full Name (Last, First, Middle Initial)
Mailing Address 900 Cottage Grove Rd
City Hartford State CT Zip Code 06152-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation IT Senior Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 990.00

Date of Receipt
08 / 28 / 2014
Transaction ID : 20140825-7324-20-23
Amount of Each Receipt this Period
55.00

C. John Yardley
Full Name (Last, First, Middle Initial)
Mailing Address 9 Griffin Rd. North, Data Center
City Windsor State CT Zip Code 06095
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Technical Support Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
08 / 14 / 2014
Transaction ID : 20140811-21190-20-23
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9 Griffin Rd. North, Data Center

City Windsor State CT Zip Code 06095

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

Name of Employer Cigna Corp. Occupation Technical Support Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-21106-20-23

Amount of Each Receipt this Period
25.00

B. Jeffrey Young
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Informatics/Analytics Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : 20140811-297-20-23

Amount of Each Receipt this Period
25.00

C. Jeffrey Young
Full Name (Last, First, Middle Initial)

Mailing Address 900 Cottage Grove Rd

City Hartford State CT Zip Code 06152-0001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Informatics/Analytics Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 20140825-297-20-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 179
	<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. David G. Zach
 Full Name (Last, First, Middle Initial)
 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 Cigna Corp. Occupation Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-25277-20-23
 Amount of Each Receipt this Period **75.00**

B. David G. Zach
 Full Name (Last, First, Middle Initial)
 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 Cigna Corp. Occupation Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 20140825-25157-20-23
 Amount of Each Receipt this Period **75.00**

C. George Zaruba
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2772.00**

Date of Receipt **08 / 14 / 2014**
Transaction ID : 20140811-23439-20-23
 Amount of Each Receipt this Period **154.00**

SUBTOTAL of Receipts This Page (optional)..... **304.00**
TOTAL This Period (last page this line 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 161 OF 179
(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. George Zaruba
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Cottage Grove Rd
 City Hartford State CT Zip Code 06152-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2772.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 20140825-23333-20-23
 Amount of Each Receipt this Period
 154.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	24515.07

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

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

FOR LINE NUMBER: PAGE 162 OF 179
(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. Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2125.00

Date of Receipt
 08 / 18 / 2014
Transaction ID : 4A1AA6CB048E5CD6EFA

Amount of Each Receipt this Period
 2125.00

Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	2125.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Blue Dog Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : **6E774E6FBA7AAF20501**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
2014 Primary

011

Candidate Name

Charles J. Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : **C41EA460675DE824AB5**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2014 General

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : **C2A3FFBB490EAF0478**

Amount of Each Disbursement this Period

2500.00

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

9500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

Transaction ID : 803A5B37FB688059606

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2014 General

011

Candidate Name

Richard J. Durbin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 4676EB9DD325D05E683

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
2014 General

011

Candidate Name

John Jenkins Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 2C4D8B01397223E953C

Amount of Each Disbursement this Period

2000.00

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

9000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 General

011

Candidate Name

Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : 5796E9FA25AD7FE73A8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 General

011

Candidate Name

Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : 1D4F8D5D8DA300818CA

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2014 General

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : 9A12EECFFF70D8CC7EF

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 General

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : 356AB380E775052C795

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kinzinger for Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement
2014 General

011

Candidate Name

Adam Kinzinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : 47AAA703A114D2344C7

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kristi for Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 General

011

Candidate Name

Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : 6EEC24D4A33DBD9C57D

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2014 Primary

011

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 6484B1361C5CA058394

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
2014 General

011

Candidate Name

Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : C0970E9F14699F754E0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement
2014 General

011

Candidate Name

Thomas W. Reed II.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 95CF59FB977A3048C23

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

38500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Chris Latvala Campaign

Mailing Address 2050 Tall Pines Drive, Suite A

City Largo State FL Zip Code 33771

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

Transaction ID : D4431ED2EAD6DE8659B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Eddie Jones

Mailing Address 1725 Holmes Road

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : F6CAF9243BE8AC76778

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mark Billingsley

Mailing Address 1661 Aaron Brenner Dr, Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : 5B32B7BF6FEC1A65FF5

Amount of Each Disbursement this Period

500.00

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

1500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Melvin Burgess County Commissioner

Mailing Address 363 N. Avalon St

City Memphis State TN Zip Code 38112

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : F4C645420E06A582CF5

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Teddy King

Mailing Address 2351 Cliffdale Cv

City Memphis State TN Zip Code 38127

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 06FD8AB670AAAE1C589

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Diaz Leyva Campaign Account

Mailing Address 1825 Ponce De Leon Blvd #250

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 5ECF313C81B6FE3050E

Amount of Each Disbursement this Period

500.00

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

1500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dr. Bendross-Mindingall Campaign

Mailing Address PO Box 012475

City Miami State FL Zip Code 33101

Purpose of Disbursement
Voided 6/10/14 Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2014

Transaction ID : 881A0254F914235F8CD

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Erik Fresen Campaign

Mailing Address Post Office Box 430855

City Miami State FL Zip Code 33243

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 943F28B423C86219A3F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Florida Leadership Committee PC

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 2748D5633D8E7AA484D

Amount of Each Disbursement this Period

2500.00

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

2000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Florida Roundtable

Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 7EA2E8809584469B82C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Heidi Shafer

Mailing Address 1661 Aaron Brenner Dr, Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : F0D6D148411820B0FC4

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Scott McCormick

Mailing Address 1356 Rainsong Cov S

City Cordova State TN Zip Code 38016

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : B7F004AD7A8FD9935ED

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Van Turner

Mailing Address P.O. Box 3980

City Memphis State TN Zip Code 38173

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 3129ABB49F41D2C2137

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends to Elect Shante Avant

Mailing Address P.O. Box 3208

City Memphis State TN Zip Code 38173

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : E2E7959CB1BB7937164

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends to Elect Wanda Halbert

Mailing Address 3520 Barron

City Memphis State TN Zip Code 38111

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 0E52F2D33415AA3ECD7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends to Elect Willie Brooks

Mailing Address 3407 Hocker Hedge Cove

City Memphis State TN Zip Code 38128

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 7FB9DB7E482E4B56F67

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Chism for Shelby County Commissioner

Mailing Address 1661 Aaron Brenner Dr., Suite 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 15B17DB7411ACB60B6C

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Janet Adkins Campaign

Mailing Address 863 Laguna Drive

City Fernandina Beach State FL Zip Code 32034

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 4303C4080AE5430B066

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Tobia Campaign

Mailing Address 8062 S. Hwy. A1A

City Melbourne Beach State FL Zip Code 32951

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : B1644158F8F82049877

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Wood Campaign

Mailing Address 3601 Cypress Gardens Rd. Suite A

City Winter Haven State FL Zip Code 33884

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : 8644AE37195642AB687

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin Woods for School Board

Mailing Address 2650 Thousand Oaks Boulevard #1310

City Memphis State TN Zip Code 38118

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : 58ACAA1D889618F3441

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mainstream Colorado

Mailing Address PO Box 370531

City State Zip Code
Denver CO 80237

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2014

Transaction ID : ECA046F19869C288B5B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Making the Right Call for Florida

Mailing Address 610 S. Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 884A375416C5CCB8721

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Manny Diaz Jr. Campaign

Mailing Address 95 Merrick Way #250

City State Zip Code
Coral Gables FL 33132

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : C6B28F4CFFCED19CEC1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pafford Campaign

Mailing Address 872 Balfrey Drive South

City West Palm Beach State FL Zip Code 33413

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : 8B9FD0885A984A7E4CF

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Bileca Campaign

Mailing Address 6720 SW 145 Street

City Miami State FL Zip Code 33158

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : 399EFD67EED6CE9D7C6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Orgel for School Board

Mailing Address 1661 Aaron Brenner Dr, Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : CBC4AFB5B9F83AD5140

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reelect Walter Bailey County Commissioner

Mailing Address 22 N Front St, Ste 1060

City Memphis State TN Zip Code 38103

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : E2C4B772EE25304208E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Republican Party of Florida (Non-Federal)

Mailing Address 420 E. Jefferson St.

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : EA59C6177D958B2A0C3

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Steve Crisafulli Campaign

Mailing Address 5525 N. Courtenay Parkway

City Merritt Island State FL Zip Code 32953

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : FF4781D82DB07ACF739

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry A. Roland for County Commissioner

Mailing Address 1752 Locke Cuba Road

City Millington State TN Zip Code 38053

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 9D040F10AC679B8DC93

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Texans for Jodey Arrington

Mailing Address PO Box 64250

City Lubbock State TX Zip Code 79464-4250

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 65B21F8354EA5F15FD2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Justin Ford

Mailing Address 1440 East Shelby Dr

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : C34C0DB7CCC29C104F2

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

