

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) Two Liberty Place 1601 Chestnut St-TL16B Philadelphia PA 19192 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 Report, 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2008 through 03 31 2008

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

Type or Print Name of Treasurer Mari Newman, Asst. Treas.

Signature of Treasurer Electronically Filed by Mari Newman, Asst. Treas. Date 04 09 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CIGNA Corporation Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 12499.05 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 23366.28 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 16420.50 | 52487.73 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 39786.78 | 64986.78 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 15150.00 | 40350.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 24636.78 | 24636.78 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CIGNA Corporation Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 4552.67 | 12191.58 |
| (i) Itemized (use Schedule A) | 11867.83 | 38000.15 |
| (ii) Unitemized | 16420.50 | 50191.73 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 16420.50 | 50191.73 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2296.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 16420.50 | 52487.73 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 16420.50 | 52487.73 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 26000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 600.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 600.00 |
| 29. Other Disbursements..... | 150.00 | 13750.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 15150.00 | 40350.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15150.00 | 40350.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 16420.50 | 50191.73 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 600.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16420.50 | 49591.73 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 29 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|-------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) James Austin | | Date of Receipt |
| | Mailing Address 394 W Remington Dr | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Chandler | AZ | 85248 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080303-7350-23-32 |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | | Occupation General Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 301.71 | <input type="text"/> 50.28 |

| | | | |
|---|---|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) James Austin | | Date of Receipt |
| | Mailing Address 394 W Remington Dr | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Chandler | AZ | 85248 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080317-7328-23-32 |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | | Occupation General Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 301.71 | <input type="text"/> 50.28 |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) W. Barksdale | | Date of Receipt |
| | Mailing Address 2632 Lovejoy Cir | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Duluth | GA | 30097 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080303-16853-23-32 |
| Name of Employer CHC Contracting and Network De | | Occupation Provider Contracting Senior Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 510.00 | <input type="text"/> 85.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 185.56 |
| 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 7 / 29
(check only one)

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

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

A.

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

Mailing Address 2632 Lovejoy Cir

City State Zip Code
Duluth GA 30097

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

Name of Employer
CHC Contracting and Network De

Occupation
Provider Contracting Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 20080317-16806-23-32

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Ellen C. Bonner

Mailing Address 1403 Greenwood Avenue

City State Zip Code
Nashville TN 37206

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

Name of Employer
L&PA Technology & Business Law

Occupation
Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2008

Transaction ID: 20080303-19923-23-32

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ellen C. Bonner

Mailing Address 1403 Greenwood Avenue

City State Zip Code
Nashville TN 37206

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

Name of Employer
L&PA Technology & Business Law

Occupation
Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 20080317-19839-23-32

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29
(check only one)

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

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

A.

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

Mailing Address 385 Deercliff Road

City State Zip Code
Avon CT 06001

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

Name of Employer Occupation
CIGNA Corporation Svp Service Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-19814-23-32

Amount of Each Receipt this Period
96.00

B.

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

Mailing Address 385 Deercliff Road

City State Zip Code
Avon CT 06001

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

Name of Employer Occupation
CIGNA Corporation Svp Service Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-19731-23-32

Amount of Each Receipt this Period
96.00

C.

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

Mailing Address 2 Reed Hill Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CIGNA CORPORATION Vice President Coli

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-486-23-32

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (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 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Robert F. Clark | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| | Mailing Address 2 Reed Hill Rd | Transaction ID: 20080317-484-23-32 |
| | City State Zip Code Granby CT 06035 | Amount of Each Receipt this Period 90.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA CORPORATION | Occupation Vice President Coli | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) David M. Cordani | Date of Receipt MM / DD / YYYY 03 / 06 / 2008 |
| | Mailing Address 32 Lucy Way | Transaction ID: 20080303-596-23-32 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation President Cigna Healthcare | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 635.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) David M. Cordani | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| | Mailing Address 32 Lucy Way | Transaction ID: 20080317-593-23-32 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation President Cigna Healthcare | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 635.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 330.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Karen E. Ferrell

Mailing Address 1005 Chesson Ct

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Svp Contr Provid Netwk Med Mgt
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-14912-23-32

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Karen E. Ferrell

Mailing Address 1005 Chesson Ct

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Svp Contr Provid Netwk Med Mgt
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-14868-23-32

Amount of Each Receipt this Period
85.00

C.

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

Mailing Address 5 Brighton Ln

City State Zip Code
Simsbury CT 06070

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-1123-23-32

Amount of Each Receipt this Period
90.00

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 11 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A.

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

Mailing Address 5 Brighton Ln

City State Zip Code
Simsbury CT 06070

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-1119-23-32

Amount of Each Receipt this Period
90.00

B.

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

Mailing Address 2030 James Farm Rd

City State Zip Code
Stratford CT 06614

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 343.67

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-5268-23-32

Amount of Each Receipt this Period
310.00

C.

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

Mailing Address 17 Pheasant Lane

City State Zip Code
Scotch Plains NJ 07076

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-20178-23-32

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ▶ **490.00**

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

SCHEDULE A (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 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Craig J. Guiffre | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| | Mailing Address 17 Pheasant Lane | Transaction ID: 20080317-20091-23-32 |
| | City State Zip Code Scotch Plains NJ 07076 | Amount of Each Receipt this Period 90.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CGI CGI Executive Staff | Occupation Vice President Sales and Emerging Mkts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) H. Hanway | Date of Receipt MM / DD / YYYY 03 / 06 / 2008 |
| | Mailing Address 1005 Bent Rd | Transaction ID: 20080303-3771-23-32 |
| | City State Zip Code Media PA 19063 | Amount of Each Receipt this Period 192.30 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA CORPORATION | Occupation Chairman and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1153.80 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) H. Hanway | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| | Mailing Address 1005 Bent Rd | Transaction ID: 20080317-3758-23-32 |
| | City State Zip Code Media PA 19063 | Amount of Each Receipt this Period 192.30 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA CORPORATION | Occupation Chairman and Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1153.80 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 474.60 |
| 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 13 / 29

(check only one)

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

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

A.

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

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080303-19731-23-32

Amount of Each Receipt this Period

| |
|-------|
| 70.00 |
|-------|

B.

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

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080317-19649-23-32

Amount of Each Receipt this Period

| |
|-------|
| 70.00 |
|-------|

C.

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

Mailing Address 105 Mill View Ln

City State Zip Code
Newtown Square PA 19073

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

Name of Employer Occupation
CIGNA CORPORATION E.V.P. Human Resources & Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080303-14569-23-32

Amount of Each Receipt this Period

| |
|--------|
| 100.00 |
|--------|

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: (check only one) | PAGE 14 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. | Full Name (Last, First, Middle Initial) John M. Murabito | | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 | | |
| | Mailing Address 105 Mill View Ln | | Transaction ID: 20080317-14526-23-32 | | |
| | City Newtown Square | State PA | Zip Code 19073 | Amount of Each Receipt this Period 100.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation E.V.P. Human Resources & Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Jeffery L. Novak | | Date of Receipt MM / DD / YYYY 03 / 06 / 2008 | | |
| | Mailing Address 34 Sherman Dr | | Transaction ID: 20080303-11490-23-32 | | |
| | City Malvern | State PA | Zip Code 19355 | Amount of Each Receipt this Period 85.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation Vice President Oper Effectiveness & Pr | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 510.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Jeffery L. Novak | | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 | | |
| | Mailing Address 34 Sherman Dr | | Transaction ID: 20080317-11455-23-32 | | |
| | City Malvern | State PA | Zip Code 19355 | Amount of Each Receipt this Period 85.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation Vice President Oper Effectiveness & Pr | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 510.00 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 270.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Charlene Parsons | | Date of Receipt |
| | Mailing Address 1179 Colts Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Yardley | PA | 19067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080303-15159-23-32 |
| Name of Employer CIGNA CORPORATION | | Occupation Vice President Talent Optimization | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 90.00 |
| | | <input type="text"/> 540.00 | |

| | | | |
|---|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Charlene Parsons | | Date of Receipt |
| | Mailing Address 1179 Colts Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Yardley | PA | 19067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080317-15115-23-32 |
| Name of Employer CIGNA CORPORATION | | Occupation Vice President Talent Optimization | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 90.00 |
| | | <input type="text"/> 540.00 | |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Mark A. Parsons | | Date of Receipt |
| | Mailing Address 4 Thistle Hollow | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Avon | CT | 06001 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080317-578-23-32 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Svp Reinsurance | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 40.00 |
| | | <input type="text"/> 240.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 220.00 |
| 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 16 / 29
(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)
John R. Perlstein
Mailing Address 19 Clover Ln
City Manchester State CT Zip Code 06040
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA CORPORATION Occupation Vice President Chief Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt 03 / 06 / 2008
Transaction ID: 20080303-2103-23-32
Amount of Each Receipt this Period 85.00

B. Full Name (Last, First, Middle Initial)
John R. Perlstein
Mailing Address 19 Clover Ln
City Manchester State CT Zip Code 06040
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA CORPORATION Occupation Vice President Chief Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt 03 / 20 / 2008
Transaction ID: 20080317-2097-23-32
Amount of Each Receipt this Period 85.00

C. Full Name (Last, First, Middle Initial)
Carol Petren
Mailing Address The Ayer - #10 SW
City Philadelphia State PA Zip Code 19106-3581
FEC ID number of contributing federal political committee. **C**
Name of Employer ADM CEO Staff Occupation E.V.P. Genl Counsel & Pub Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1152.00
Date of Receipt 03 / 06 / 2008
Transaction ID: 20080303-18141-23-32
Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional) ► 362.00
TOTAL This Period (last page this line 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 17 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carol Petren

Mailing Address The Ayer - #10 SW

City State Zip Code
Philadelphia PA 19106-3581

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

Name of Employer Occupation
ADM CEO Staff E.V.P. Genl Counsel & Pub Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1152.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-18078-23-32

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)
Karen S. Rohan

Mailing Address PO Box 570

City State Zip Code
North Falmouth MA 02556

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO President Group, Dental & Vis

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 20080303-178-23-32

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Karen S. Rohan

Mailing Address PO Box 570

City State Zip Code
North Falmouth MA 02556

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO President Group, Dental & Vis

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 20080317-178-23-32

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: PAGE 18 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael J. Ross

Mailing Address 147 Old Gulph Rd

City Wynnewood State PA Zip Code 19096

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA
Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 06 / 2008
Transaction ID: 20080303-13180-23-32

Amount of Each Receipt this Period 96.00

B.

Full Name (Last, First, Middle Initial)
Michael J. Ross

Mailing Address 147 Old Gulph Rd

City Wynnewood State PA Zip Code 19096

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA
Occupation Vice President Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 20 / 2008
Transaction ID: 20080317-13138-23-32

Amount of Each Receipt this Period 96.00

C.

Full Name (Last, First, Middle Initial)
Jonathan N. Rubin

Mailing Address 108 W Mountain Rd

City West Simsbury State CT Zip Code 06092

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

Name of Employer CT GENERAL LIFE INSURANCE CO
Occupation Svp Bfo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 06 / 2008
Transaction ID: 20080303-1444-23-32

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ▶ **277.00**

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

SCHEDULE A (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 / 29 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Jonathan N. Rubin | | Date of Receipt |
| | Mailing Address 108 W Mountain Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 20 / 2008 |
| | City | State | Zip Code |
| | West Simsbury | CT | 06092 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080317-1440-23-32 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Svp Bfo | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 510.00 | <input type="text"/> 85.00 |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Frank Sataline | | Date of Receipt |
| | Mailing Address 18 Wyndham Ln | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 06 / 2008 |
| | City | State | Zip Code |
| | Farmington | CT | 06032 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080303-582-23-32 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Vice President Senior Managing Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 510.00 | <input type="text"/> 85.00 |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Frank Sataline | | Date of Receipt |
| | Mailing Address 18 Wyndham Ln | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 20 / 2008 |
| | City | State | Zip Code |
| | Farmington | CT | 06032 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080317-579-23-32 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Vice President Senior Managing Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 510.00 | <input type="text"/> 85.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 255.00 |
| 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 20 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A.

Full Name (Last, First, Middle Initial)
Otha T. Spriggs

Mailing Address 235 Ansley Close

City Roswell State GA Zip Code 30075

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 06 / 2008

Transaction ID: 20080303-11747-23-32

Amount of Each Receipt this Period 85.00

B.

Full Name (Last, First, Middle Initial)
Otha T. Spriggs

Mailing Address 235 Ansley Close

City Roswell State GA Zip Code 30075

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 20 / 2008

Transaction ID: 20080317-11711-23-32

Amount of Each Receipt this Period 85.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Stepp

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205

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 ▼ 206.65

Date of Receipt 03 / 20 / 2008

Transaction ID: 20080317-5364-23-32

Amount of Each Receipt this Period 175.27

SUBTOTAL of Receipts This Page (optional) **345.27**

TOTAL This Period (last page this line 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 / 29
(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)
Scott D. Watson

Mailing Address 1813 Shadywood Ct

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AM- Senior Account Manager
ERICA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 427.70

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 8 |

Transaction ID: 20080303-5850-23-32

Amount of Each Receipt this Period
66.94

B. Full Name (Last, First, Middle Initial)
Scott D. Watson

Mailing Address 1813 Shadywood Ct

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AM- Senior Account Manager
ERICA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 427.70

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 20080317-5830-23-32

Amount of Each Receipt this Period
17.30

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 84.24 |
| TOTAL This Period (last page this line number only) | 4552.67 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Alexander for Senate 2008 Inc <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Sen. Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: | Transaction ID: 7730e11b765fd5a37f5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Cantor for Congress <hr/> Mailing Address PO Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Rep. Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07 | Transaction ID: 6b84dd739c5668c492d Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Coleman for Senate 08 <hr/> Mailing Address 680 Transfer Road Suite A <hr/> City St Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement 2008 General Candidate Name Sen. Norm Coleman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: | Transaction ID: 4242aefc901588ea71e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Enzi for US Senate <hr/> Mailing Address PO Box 2775 <hr/> City Cody State WY Zip Code 82414 <hr/> Purpose of Disbursement 2008 General Candidate Name Sen. Michael B. Enzi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5f14efb69ca31f4ec12 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement 2008 General Candidate Name Sen. Max S. Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: fff523724404295a268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 3000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Rep. James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 4f65a51c764b4c8bbec Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee | Transaction ID: 279f10b9ea5863bd29f Date of Disbursement |
| | Mailing Address PO Box 87 | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
| | City Uwchland State PA Zip Code 19480 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2008 General | <input type="text" value="500.00"/> |
| | Candidate Name Rep. James W. Gerlach | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Johanns for Senate Incorporated | Transaction ID: 90a1fe6164f5ca4b55f Date of Disbursement |
| | Mailing Address 1201 O Street Suite 101 | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/> |
| | City Lincoln State NE Zip Code 68506 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2008 Primary | <input type="text" value="1000.00"/> |
| | Candidate Name Michael O. Johanns | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Porter for Congress | Transaction ID: dd2c93dfdf337a8cc05 Date of Disbursement |
| | Mailing Address 7840 Red Leaf Drive | <input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City Las Vegas State NV Zip Code 89131 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2008 Primary | <input type="text" value="1000.00"/> |
| | Candidate Name Rep. Jon Porter, Sr. | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2500.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 29

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A.

Full Name (Last, First, Middle Initial)
Wicker for Senate

Transaction ID: 19ba8b69ff22639a211
Date of Disbursement

Mailing Address PO Box 233

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 8 |

City State Zip Code
Tupelo MS 38802

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement
2008 Primary

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Sen. Roger F. Wicker

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MS District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2000.00 |
|---------|

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

| |
|----------|
| 15000.00 |
|----------|

**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)

PAGE 26 / 29

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Campaign to Re-elect Representative Charles Curtiss <hr/> Mailing Address 120 General Jones Road <hr/> City Sparta State TN Zip Code 38583 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 53767-98730105161667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period -250.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Citizens for Hottinger <hr/> Mailing Address 386 Sabrecutt Drive <hr/> City Newark State OH Zip Code 43055 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6f30aff8573d7ac9d98 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 500.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Friends of Dewayne Bunch <hr/> Mailing Address 443 Worth Street <hr/> City Cleveland State TN Zip Code 37311 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 53767-04322451353073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period -300.00 |
| | 011 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | -50.00 |
| 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

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Friends of Doug Overbey <hr/> Mailing Address PO Box 5316 <hr/> City Maryville State TN Zip Code 37802 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 53767-55947512388229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period -200.00 |
| B. | Full Name (Last, First, Middle Initial) Friends of Mae Beavers <hr/> Mailing Address 2020 Hunters Place <hr/> City Mt. Juliet State TN Zip Code 37122 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 53767-26093691587448 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period -300.00 |
| C. | Full Name (Last, First, Middle Initial) Friends of Paul Stanley <hr/> Mailing Address 7511 Neshoba <hr/> City Memphis State TN Zip Code 38138 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 53767-92957705259324 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period -300.00 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | -800.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A.

Full Name (Last, First, Middle Initial)
Texans for Tommy Williams-2008

Transaction ID: e12a6c9fdccb63d159f
Date of Disbursement

Mailing Address Post Office Box 8069

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 8 |

City State Zip Code
The Woodlands TX 77387

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
Nonfederal Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1000.00 |
|---------|

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

| |
|--------|
| 150.00 |
|--------|

Image# 2899077264

Form/Schedule: **F3X**

Transaction ID:
