FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructi		Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
Aetna Inc. Pol	itiçal Açtion Committee		
ADDRESS (number and	151 Farmington Av	e.	
ADDRESS (number and	RW4A		
X (Check if addr is changed)	Hartford		CT 06156 - 1
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA PreisnerTL@a			
1 Telsher I L@a			<del></del>
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 8602599097	NUMBER		
2. DATE 0.1	23 / 2007		
3. FEC IDENTIFICA	TION NUMBER	C C00181826	
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my kn	nowledge and belief it is true, correct	and complete
Type or Print Name of	TreasurerJonathan Topo	das	
Signature of Treasurer	Electronically Filed by <b>Jonathar</b>	n Topodas	Date 01 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	ay subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ssion FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2			
5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candinformation below.)	didate			
	Name of Candidate				
	Party Affiliation Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		ocratic, blican,etc.) Party. or party			
ô.	Name of Any Connected Organization or Affiliated Committee				
	Aetna Inc.	<u> </u>			
L	<u> </u>				
	Mailing Address 151 Farmington Avenue				
	Hartford CT 0615	6			
CITY▲ STATE ▲ ZIP CODE ▲					
	Relationship Connected Organization				
	Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization Trade Association Cooperative				

FEC Fo	rm 1 (Revised 02/2003	)			Pa	ge <b>3</b>	
Write or Type Co	ommittee Name						
Aetna Inc.	Political Action Co	ommittee					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Full Name Tammy Preisner						
Mailing Addre	ess	151 Farmington Avenue					
		Hartford		<u>Γ</u> _	06156		
Title or Position	on 🔻	CITY A	STA	ГЕ▲	ZIP COD	DE A	
	Asst. Treasurer		Telephone number	860	<b>273</b> 	5670	
8. Treasurer: name and a	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer	Jonathan To	ppodas					
Mailing Addre	ess	1331 F Street, NW					
		Suite 450					
		Washington		<u> </u>	20004 _		
Title or Position	on 🔻	CITY A	STA	ГЕ▲	ZIP COL	DE 🛦	
	Treasurer		Telephone number	202	419	7042	
Full Name of Designated Agent	Tammy Prei	sner					
Mailing Addre	ess	151 Farmington Ave.					
		RW4A					
		Hartford		<u> </u>	06156 _		
Title or Position	on 🔻	CITY A	STAT	ΓE <b>Α</b>	ZIP COD	E 🛦	
	Asst. Treasurer		Telephone number	860	_ 273 _	5670	

	FEC Form 1 (Revised 0	)2/2003)	Page 4			
<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.</li> </ol>						
	Name of Bank, Depository, etc.	ne of Bank, Depository, etc.				
	Bank (	of America				
	Mailing Address	2775 Main Street				
		Hartford CT 0612	0			
		CITY A STATE A ZIP	CODE △			