

**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="305912.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33821.09"/>	<input type="text" value="120470.30"/>
(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="339733.68"/>	<input type="text" value="358458.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39000.00"/>	<input type="text" value="57725.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="300733.68"/>	<input type="text" value="300733.68"/>
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).....	21836.64	53143.03
(ii) Unitemized	11984.45	67327.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33821.09	120470.30
(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)	33821.09	120470.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33821.09	120470.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33821.09	120470.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	39000.00	51500.00
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	0.00	5000.00
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)) ..	39000.00	57725.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39000.00	57725.00

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)	33821.09	120470.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33821.09	120470.30
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 103
	<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

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		Date of Receipt
Mailing Address 69 Wildcat Road		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2014
City Burlington State CT Zip Code 06013		Transaction ID : 20140310-18164-20-38
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 155.00
Name of Employer Cigna Corp.	Occupation VP Supply Chain Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

Full Name (Last, First, Middle Initial) B. Anthony Abate		Date of Receipt
Mailing Address 69 Wildcat Road		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2014
City Burlington State CT Zip Code 06013		Transaction ID : 20140324-18102-20-38
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 155.00
Name of Employer Cigna Corp.	Occupation VP Supply Chain Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

Full Name (Last, First, Middle Initial) C. Kevin Adams		Date of Receipt
Mailing Address 37 Lemay Street		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2014
City West Hartford State CT Zip Code 06107		Transaction ID : 20140310-12832-20-38
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Cigna Corp.	Occupation IT Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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: PAGE 7 OF 103
(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. Kevin Adams
 Mailing Address 37 Lemay Street
 City State Zip Code
 West Hartford CT 06107
 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-12796-20-38
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Melissa Ahmann-Tucker
 Mailing Address 1108 Rombauer Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Actuarial Senior Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-30157-20-38
 Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Melissa Ahmann-Tucker
 Mailing Address 1108 Rombauer Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Actuarial Senior Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-30172-20-38
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 103
<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. Gregory J. Allen
Full Name (Last, First, Middle Initial)

Mailing Address 9510 Eldwick Drive

City Brentwood State TN Zip Code 37027

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-29378-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 9510 Eldwick Drive

City Brentwood State TN Zip Code 37027

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-29399-20-38

Amount of Each Receipt this Period **50.00**

C. Ann H. Asbaty
Full Name (Last, First, Middle Initial)

Mailing Address 3 Huntington Dr

City Randolph State NJ Zip Code 07869

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-321-20-38

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 9 OF 103
	<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. Ann H. Asbaty
Full Name (Last, First, Middle Initial)

Mailing Address 3 Huntington Dr

City Randolph State NJ Zip Code 07869

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-320-20-38

Amount of Each Receipt this Period **50.00**

B. Jacquelyn A. Aube
Full Name (Last, First, Middle Initial)

Mailing Address 166 Wildflower Cir

City Westfield State MA Zip Code 01085

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-1700-20-38

Amount of Each Receipt this Period **50.00**

C. Jacquelyn A. Aube
Full Name (Last, First, Middle Initial)

Mailing Address 166 Wildflower Cir

City Westfield State MA Zip Code 01085

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-1699-20-38

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 10 OF 103
	(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. James Austin		Date of Receipt
Mailing Address 394 W Remington Dr		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Chandler State AZ Zip Code 85286		Transaction ID : 20140310-5073-20-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna HEALTHCARE OF AZ, INC Occupation Medical Director		<input type="text" value="46.47"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.36"/>	

Full Name (Last, First, Middle Initial) B. James Austin		Date of Receipt
Mailing Address 394 W Remington Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Chandler State AZ Zip Code 85286		Transaction ID : 20140324-5065-20-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna HEALTHCARE OF AZ, INC Occupation Medical Director		<input type="text" value="46.47"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.36"/>	

Full Name (Last, First, Middle Initial) C. Lisa R. Bacus		Date of Receipt
Mailing Address 188 Northington Drive		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Avon State CT Zip Code 06001		Transaction ID : 20140310-25433-20-38
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 EVP Chief Marketing Officer		<input type="text" value="154.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1078.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="246.94"/>
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 11 OF 103
	<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. Lisa R. Bacus
Full Name (Last, First, Middle Initial)

Mailing Address 188 Northington Drive

City Avon State CT Zip Code 06001

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

Name of Employer Cigna Corp. Occupation EVP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1078.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-25323-20-38

Amount of Each Receipt this Period
154.00

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

Mailing Address 6043 Red Clover Lane

City Clarksville State MD Zip Code 21029

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-30341-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 6043 Red Clover Lane

City Clarksville State MD Zip Code 21029

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-30355-20-38

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	354.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<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. Mark Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 4629 Penbrook Ct

City Plano State TX Zip Code 75024

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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-11177-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4629 Penbrook Ct

City Plano State TX Zip Code 75024

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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-11152-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 77 Harmony Hill Rd

City Granby State CT Zip Code 06035

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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-1556-20-38

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 13 OF 103
	<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 77 Harmony Hill Rd

City Granby State CT Zip Code 06035

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-1556-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 251 Alberta Dr

City Saddle Brook State NJ Zip Code 07663

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-2073-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 251 Alberta Dr

City Saddle Brook State NJ Zip Code 07663

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-2071-20-38

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 14 OF 103
(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. Kim Bimestefer
 Mailing Address 9832 Paperflower Drive
 City State Zip Code
 Parker CO 80138
 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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-8023-20-38
 Amount of Each Receipt this Period
 90.00

Full Name (Last, First, Middle Initial)
B. Kim Bimestefer
 Mailing Address 9832 Paperflower Drive
 City State Zip Code
 Parker CO 80138
 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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-8007-20-38
 Amount of Each Receipt this Period
 90.00

Full Name (Last, First, Middle Initial)
c. John J. Bogan
 Mailing Address 1722 Mt. Pleasant Rd.
 City State Zip Code
 Havertown PA 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. VP Chief Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-23060-20-38
 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: PAGE 15 OF 103
(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. John J. Bogan

Mailing Address 1722 Mt. Pleasant Rd.

City State Zip Code
 Havertown PA 19083

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

Name of Employer Occupation
 Cigna Corp. VP Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-22975-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 35 Partridge Lndg

City State Zip Code
 Glastonbury CT 06033

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO EVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1344.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-9229-20-38

Amount of Each Receipt this Period
 192.00

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

Mailing Address 35 Partridge Lndg

City State Zip Code
 Glastonbury CT 06033

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

Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO EVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1344.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-9212-20-38

Amount of Each Receipt this Period
 192.00

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 16 OF 103
	<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. Brett C. Browchuk
Full Name (Last, First, Middle Initial)

Mailing Address 385 Deercliff Road

City Avon State CT Zip Code 06001

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 ▼ **1344.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-12855-20-38

Amount of Each Receipt this Period
192.00

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

Mailing Address 385 Deercliff Road

City Avon State CT Zip Code 06001

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 ▼ **1344.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-12819-20-38

Amount of Each Receipt this Period
192.00

C. Kelly K. Brundin
Full Name (Last, First, Middle Initial)

Mailing Address 610 Meadowview Ct

City Maple Glen State PA Zip Code 19002

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Financial Plng & Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-2971-20-38

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 17 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Kelly K. Brundin
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Meadowview Ct
 City State Zip Code
 Maple Glen PA 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO VP Financial Plng & Analysis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-2968-20-38
 Amount of Each Receipt this Period
 50.00

B. M. Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3651 N Leavitt St
 City State Zip Code
 Chicago IL 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Manager Account Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-4249-20-38
 Amount of Each Receipt this Period
 12.04

C. M. Buckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3651 N Leavitt St
 City State Zip Code
 Chicago IL 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Manager Account Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-4242-20-38
 Amount of Each Receipt this Period
 24.78

SUBTOTAL of Receipts This Page (optional).....▶	86.82
TOTAL This Period (last page this line 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 103
(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 611 Shipton Lane

City State Zip Code
 Bryn Mawr PA 19010

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

Name of Employer Occupation
 Cigna Internation VP Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-12640-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 611 Shipton Lane

City State Zip Code
 Bryn Mawr PA 19010

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

Name of Employer Occupation
 Cigna Internation VP Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-12606-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 600 12th Ave S

City State Zip Code
 Nashville TN 37203

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

Name of Employer Occupation
 Cigna Corp. Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-29432-20-38

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 19 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-29453-20-38
Mailing Address 600 12th Ave S		Amount of Each Receipt this Period 50.00
City Nashville	State TN	Zip Code 37203
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Steven Caron		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-2067-20-38
Mailing Address 237 Tall Pines Dr		Amount of Each Receipt this Period 30.00
City Sewell	State NJ	Zip Code 08080
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Architecture Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Michelle L. Cavner		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-5609-20-38
Mailing Address 3085 E Cardinal Ct		Amount of Each Receipt this Period 50.00
City Chandler	State AZ	Zip Code 85286
FEC ID number of contributing federal political committee. C		
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 20 OF 103
	<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. Michelle L. Cavner
Full Name (Last, First, Middle Initial)

Mailing Address 3085 E Cardinal Ct

City Chandler State AZ Zip Code 85286

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-5599-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 15 Bantry Rd

City Simsbury State CT Zip Code 06070

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 ▼ **630.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-376-20-38

Amount of Each Receipt this Period **90.00**

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

Mailing Address 15 Bantry Rd

City Simsbury State CT Zip Code 06070

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 ▼ **630.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-375-20-38

Amount of Each Receipt this Period **90.00**

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: PAGE 21 OF 103
(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. Debra P. Cody

Mailing Address **9 HOLCOMB STREET**

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
Cigna Corp. Information Protection Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-18768-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address **9 HOLCOMB STREET**

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
Cigna Corp. Information Protection Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-18705-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address **786 NORTH VALLEY FORGE ROAD**

City State Zip Code
Devon PA 19333

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 ▼
350.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-20764-20-38

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 22 OF 103
	<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. Timothy K. Conners

Mailing Address 786 NORTH VALLEY FORGE ROAD

City Devon	State PA	Zip Code 19333
---------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-20694-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address 330 Homer Place

City Manhattan Beach	State CA	Zip Code 90266
-------------------------	-------------	-------------------

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 ▼ **1041.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-2145-20-38

Amount of Each Receipt this Period
15.51

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

Mailing Address 330 Homer Place

City Manhattan Beach	State CA	Zip Code 90266
-------------------------	-------------	-------------------

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 ▼ **1041.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-2144-20-38

Amount of Each Receipt this Period
9.26

SUBTOTAL of Receipts This Page (optional).....▶	74.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 103
	<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. Eric P. Consolazio		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-1714-20-38
Mailing Address 7 Stonefield Court		Amount of Each Receipt this Period 100.00
City Cortlandt Manor	State NY	Zip Code 10567
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Eric P. Consolazio		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 20140324-1713-20-38
Mailing Address 7 Stonefield Court		Amount of Each Receipt this Period 100.00
City Cortlandt Manor	State NY	Zip Code 10567
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Joshua Cook		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-31372-20-38
Mailing Address 8170 Steeplechase Circle		Amount of Each Receipt this Period 50.00
City Argyle	State TX	Zip Code 76226
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation HS Network Opns Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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 24 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Joshua Cook		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-31382-20-38
Mailing Address 8170 Steeplechase Circle		Amount of Each Receipt this Period 50.00
City Argyle	State TX	
Zip Code 76226		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation HS Network Opns Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. David M. Cordani		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-451-20-38
Mailing Address 32 Lucy Way		Amount of Each Receipt this Period 192.00
City Simsbury	State CT	
Zip Code 06070		Aggregate Year-to-Date ▼ 1344.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. David M. Cordani		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-449-20-38
Mailing Address 32 Lucy Way		Amount of Each Receipt this Period 192.00
City Simsbury	State CT	
Zip Code 06070		Aggregate Year-to-Date ▼ 1344.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 25 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Daniel J. Cozzo		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-9974-20-38
Mailing Address 31792 Via Coyote		Amount of Each Receipt this Period 50.00
City Coto de Caza	State CA	
Zip Code 92679		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Operations Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Daniel J. Cozzo		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 20140324-9954-20-38
Mailing Address 31792 Via Coyote		Amount of Each Receipt this Period 50.00
City Coto de Caza	State CA	
Zip Code 92679		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Operations Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Rebecca A. Croes		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-30483-20-38
Mailing Address 16210 Bradford Shores Drive		Amount of Each Receipt this Period 75.00
City Cypress	State TX	
Zip Code 77433		Aggregate Year-to-Date ▼ 525.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Marketing Product Sr Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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: PAGE 26 OF 103
(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. Rebecca A. Croes

Mailing Address 16210 Bradford Shores Drive

City State Zip Code
 Cypress TX 77433

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 ▼
 525.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-30497-20-38

Amount of Each Receipt this Period
 75.00

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

Mailing Address 323 Turtle Trl

City State Zip Code
 Lake Mary FL 32746

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 ▼
 700.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-7896-20-38

Amount of Each Receipt this Period
 100.00

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

Mailing Address 323 Turtle Trl

City State Zip Code
 Lake Mary FL 32746

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 ▼
 700.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-7880-20-38

Amount of Each Receipt this Period
 100.00

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 27 OF 103
	<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. Kristin Damato
Full Name (Last, First, Middle Initial)

Mailing Address 2610 John Marshall Drive North

City State Zip Code
Arlington VA 22207

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 ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-2333-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address 2610 John Marshall Drive North

City State Zip Code
Arlington VA 22207

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 ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-2331-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address 2450 Seabrook Island Road

City State Zip Code
Johns Island SC 29455

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

Name of Employer Occupation
Cigna Corp. RVP Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-30774-20-38

Amount of Each Receipt this Period
170.00

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 28 OF 103
	<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 L. Dawson
Full Name (Last, First, Middle Initial)

Mailing Address 2450 Seabrook Island Road

City Johns Island State SC Zip Code 29455

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 ▼ **1190.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-30788-20-38

Amount of Each Receipt this Period
170.00

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

Mailing Address 7216 E Magdalena Dr

City Orange State CA Zip Code 92867

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-1611-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 7216 E Magdalena Dr

City Orange State CA Zip Code 92867

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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-1610-20-38

Amount of Each Receipt this Period
100.00

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 29 OF 103
	<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

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

Mailing Address 31 Deverell Dr

City North Barrington State IL Zip Code 60010

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 ▼ **945.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-19168-20-38

Amount of Each Receipt this Period
135.00

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

Mailing Address 31 Deverell Dr

City North Barrington State IL Zip Code 60010

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 ▼ **945.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-19106-20-38

Amount of Each Receipt this Period
135.00

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

Mailing Address 575 Aberdeen Rd

City Frankfort State IL Zip Code 60423

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-9409-20-38

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	345.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 103
	<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. Mary DeNicola
Full Name (Last, First, Middle Initial)

Mailing Address 575 Aberdeen Rd

City Frankfort State IL Zip Code 60423

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 ▼ **525.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-9393-20-38

Amount of Each Receipt this Period
75.00

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

Mailing Address 116 N Fairfax Street

City Falls Church State VA Zip Code 22046

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 ▼ **350.00**

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-27043-20-38

Amount of Each Receipt this Period
50.00

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

Mailing Address 116 N Fairfax Street

City Falls Church State VA Zip Code 22046

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 ▼ **350.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-26916-20-38

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: PAGE 31 OF 103
(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. Constance J. DiManno

Mailing Address 26 Newport Avenue

City State Zip Code
 West Hartford CT 06107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-9733-20-38

Amount of Each Receipt this Period
 50.00

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

Mailing Address 26 Newport Avenue

City State Zip Code
 West Hartford CT 06107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-9713-20-38

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City State Zip Code
 Phoenix AZ 85020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 418.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-27-20-38

Amount of Each Receipt this Period
 23.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.58

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 32 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Jeannine Doherty		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-27-20-38
Mailing Address 1901 E Royal Palm Rd		Amount of Each Receipt this Period 14.44
City Phoenix	State AZ	
Zip Code 85020		Amount of Each Receipt this Period 418.46
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	
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. Michael D. Elmore		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-19747-20-38
Mailing Address 3 Lydia Road		Amount of Each Receipt this Period 75.00
City Unionville	State CT	
Zip Code 06085		Amount of Each Receipt this Period 525.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation IT Senior Director	
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. Michael D. Elmore		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-19682-20-38
Mailing Address 3 Lydia Road		Amount of Each Receipt this Period 75.00
City Unionville	State CT	
Zip Code 06085		Amount of Each Receipt this Period 525.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation IT Senior 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).....▶	164.44
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 103
(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. Scott E. Evelyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 W 48th Street PHA
 City New York State NY Zip Code 10036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corporation Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-14124-20-38
 Amount of Each Receipt this Period
 50.00

B. Scott E. Evelyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 W 48th Street PHA
 City New York State NY Zip Code 10036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corporation Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-14076-20-38
 Amount of Each Receipt this Period
 50.00

C. David H. Finley
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Hillair Circle
 City White Plains State NY Zip Code 10605
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-18983-20-38
 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 34 OF 103
(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. David H. Finley
 Mailing Address 134 Hillair Circle
 City State Zip Code
 White Plains NY 10605
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-18921-20-38
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Susan P. Fitzpatrick
 Mailing Address 116 E Walnut St
 City State Zip Code
 Long Beach NY 11561
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-1608-20-38
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Susan P. Fitzpatrick
 Mailing Address 116 E Walnut St
 City State Zip Code
 Long Beach NY 11561
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-1607-20-38
 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 35 OF 103
(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. James P. Foley

Mailing Address 617 Portledge Drive

City State Zip Code
 Bryn Mawr PA 19010

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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-30360-20-38

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. James P. Foley

Mailing Address 617 Portledge Drive

City State Zip Code
 Bryn Mawr PA 19010

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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-30374-20-38

Amount of Each Receipt this Period
 100.00

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

Mailing Address 105 Saltwood Place

City State Zip Code
 Hendersonville TN 37075

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

Name of Employer Occupation
 Cigna Corp. HS Network Opns Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-30623-20-38

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 36 OF 103
	<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 105 Saltwood Place

City Hendersonville State TN Zip Code 37075

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-30637-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1004 Beech Bay Rd

City Poplar Grove State IL Zip Code 61065

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-2717-20-38

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1004 Beech Bay Rd

City Poplar Grove State IL Zip Code 61065

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-2714-20-38

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 37 OF 103
	<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. Peter R. Gardner		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-30426-20-38
Mailing Address 3619 Star Light Ct		Amount of Each Receipt this Period 50.00
City Spring	State TX	Zip Code 77386
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Peter R. Gardner		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-30440-20-38
Mailing Address 3619 Star Light Ct		Amount of Each Receipt this Period 50.00
City Spring	State TX	Zip Code 77386
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Willis H. Gee		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-8926-20-38
Mailing Address 916 Ridge Road		Amount of Each Receipt this Period 100.00
City Hamden	State CT	Zip Code 06517
FEC ID number of contributing federal political committee.	C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Business Project Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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 38 OF 103
	<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. Willis H. Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 Ridge Road
 City Hamden State CT Zip Code 06517
 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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-8909-20-38
 Amount of Each Receipt this Period
100.00

B. David J. Giannoni
 Full Name (Last, First, Middle Initial)
 Mailing Address 2030 James Farm Rd
 City Stratford State CT Zip Code 06614
 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 **328.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-3802-20-38
 Amount of Each Receipt this Period
6.48

C. David J. Giannoni
 Full Name (Last, First, Middle Initial)
 Mailing Address 2030 James Farm Rd
 City Stratford State CT Zip Code 06614
 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 **328.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-3797-20-38
 Amount of Each Receipt this Period
6.48

SUBTOTAL of Receipts This Page (optional).....▶	112.96
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<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. Jennifer R. Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 61 S. Mendenhall

City	State	Zip Code
Memphis	TN	38117

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

Name of Employer	Occupation
Cigna Corp.	HS Network Opns Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-31416-20-38

Amount of Each Receipt this Period
50.00

B. Jennifer R. Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 61 S. Mendenhall

City	State	Zip Code
Memphis	TN	38117

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

Name of Employer	Occupation
Cigna Corp.	HS Network Opns Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-31426-20-38

Amount of Each Receipt this Period
50.00

C. Debra L. Glover
Full Name (Last, First, Middle Initial)

Mailing Address 1207 Eliot Rd

City	State	Zip Code
Franklin	TN	37064

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 ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-29476-20-38

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 40 OF 103
(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. Debra L. Glover

Mailing Address 1207 Eliot Rd

City State Zip Code
 Franklin TN 37064

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 ▼
 350.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-29496-20-38

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. John P. Godsill

Mailing Address 4 Talcott Range Drive

City State Zip Code
 East Granby CT 06026

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 ▼
 1120.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-8952-20-38

Amount of Each Receipt this Period
 160.00

Full Name (Last, First, Middle Initial)
C. John P. Godsill

Mailing Address 4 Talcott Range Drive

City State Zip Code
 East Granby CT 06026

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 ▼
 1120.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-8935-20-38

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 41 OF 103
	<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 D. Guilmette
Full Name (Last, First, Middle Initial)

Mailing Address 11 Green Hill Rd

City Chester	State NJ	Zip Code 07930
-----------------	-------------	-------------------

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

Name of Employer Cigna Corp.	Occupation President Global Employer Sgmt
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1344.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-17940-20-38

Amount of Each Receipt this Period
192.00

B. David D. Guilmette
Full Name (Last, First, Middle Initial)

Mailing Address 11 Green Hill Rd

City Chester	State NJ	Zip Code 07930
-----------------	-------------	-------------------

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

Name of Employer Cigna Corp.	Occupation President Global Employer Sgmt
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1344.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-17879-20-38

Amount of Each Receipt this Period
192.00

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

Mailing Address 11537 Canterbury Lane

City Parker	State CO	Zip Code 80138
----------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-14752-20-38

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 42 OF 103
	<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. Theresa A. Hall
Full Name (Last, First, Middle Initial)

Mailing Address 11537 Canterbury Lane

City Parker	State CO	Zip Code 80138
----------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-14704-20-38

Amount of Each Receipt this Period

50.00

B. Gregory T. Hicks
Full Name (Last, First, Middle Initial)

Mailing Address 5 Far Hills Dr.

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Human Resources
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-10909-20-38

Amount of Each Receipt this Period

40.00

C. Gregory T. Hicks
Full Name (Last, First, Middle Initial)

Mailing Address 5 Far Hills Dr.

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP Human Resources
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-10885-20-38

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: (check only one)	PAGE 43 OF 103
	<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. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 E Mountain Rd
 City Canton State CT Zip Code 06019
 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 ▼ **805.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-8908-20-38
 Amount of Each Receipt this Period **115.00**

B. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 E Mountain Rd
 City Canton State CT Zip Code 06019
 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 ▼ **805.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-8891-20-38
 Amount of Each Receipt this Period **115.00**

C. Michael Horlacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Mcintosh Rd
 City Sewell State NJ Zip Code 08080
 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 ▼ **280.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-2856-20-38
 Amount of Each Receipt this Period **40.00**

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 44 OF 103
	<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. Michael Horlacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Mcintosh Rd
 City Sewell State NJ Zip Code 08080
 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 ▼ 280.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-2853-20-38
 Amount of Each Receipt this Period
 40.00

B. Scott C. Huebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3029 South Island Drive
 City Seabrook State TX Zip Code 77586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-30998-20-38
 Amount of Each Receipt this Period
 160.00

C. Scott C. Huebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3029 South Island Drive
 City Seabrook State TX Zip Code 77586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-31011-20-38
 Amount of Each Receipt this Period
 160.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
TOTAL This Period (last page this line 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 45 OF 103
	(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. Julia M. Huggins		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-494-20-38
Mailing Address 1900 Killarny Dr		Amount of Each Receipt this Period 75.00
City Westminster	State MD	Zip Code 21157
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	
Occupation General Manager		Aggregate Year-to-Date ▼ 525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julia M. Huggins		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 20140324-492-20-38
Mailing Address 1900 Killarny Dr		Amount of Each Receipt this Period 75.00
City Westminster	State MD	Zip Code 21157
FEC ID number of contributing federal political committee. C	Name of Employer CT GENERAL LIFE INSURANCE CO	
Occupation General Manager		Aggregate Year-to-Date ▼ 525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jay L. Hurt		Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-30997-20-38
Mailing Address 5822 Mountain View Drive		Amount of Each Receipt this Period 100.00
City Kingwood	State TX	Zip Code 77345
FEC ID number of contributing federal political committee. C	Name of Employer Cigna Corp.	
Occupation General Manager		Aggregate Year-to-Date ▼ 700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 46 OF 103
	<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. Jay L. Hurt
Full Name (Last, First, Middle Initial)

Mailing Address 5822 Mountain View Drive

City Kingwood	State TX	Zip Code 77345
------------------	-------------	-------------------

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 ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-31010-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 7034 Lakewood Blvd.

City Dallas	State TX	Zip Code 75214
----------------	-------------	-------------------

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

Name of Employer Cigna Corp.	Occupation Marketing Product Director
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-30926-20-38

Amount of Each Receipt this Period
192.30

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

Mailing Address 7034 Lakewood Blvd.

City Dallas	State TX	Zip Code 75214
----------------	-------------	-------------------

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

Name of Employer Cigna Corp.	Occupation Marketing Product Director
---------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-30939-20-38

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional).....▶	484.60
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 47 OF 103
	<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. James M. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 50 Paley Farms Rd

City Portland State CT Zip Code 06480

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-280-20-38

Amount of Each Receipt this Period **50.00**

B. James M. Jeffers
Full Name (Last, First, Middle Initial)

Mailing Address 50 Paley Farms Rd

City Portland State CT Zip Code 06480

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-279-20-38

Amount of Each Receipt this Period **50.00**

C. Nicole S. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 51 Old Stone Crossing

City West Hartford State CT Zip Code 06117

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

Name of Employer Cigna Corp. Occupation EVP Genl Counsel & Pub Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1344.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-12480-20-38

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: PAGE 48 OF 103
(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. Nicole S. Jones

Mailing Address 51 Old Stone Crossing

City West Hartford State CT Zip Code 06117

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

Name of Employer Cigna Corp. Occupation EVP Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1344.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-12446-20-38

Amount of Each Receipt this Period
192.00

Full Name (Last, First, Middle Initial)
B. Teresa R. Jordan

Mailing Address 5425 Newcastle St

City Bellaire State TX Zip Code 77401

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-29450-20-38

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Teresa R. Jordan

Mailing Address 5425 Newcastle St

City Bellaire State TX Zip Code 77401

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-29470-20-38

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 49 OF 103
(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. Scott Josephs
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 Tramore Dr
 City Chapel Hill State NC Zip Code 27516
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-6646-20-38
 Amount of Each Receipt this Period
 50.00

B. Scott Josephs
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 Tramore Dr
 City Chapel Hill State NC Zip Code 27516
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-6634-20-38
 Amount of Each Receipt this Period
 50.00

C. Benjamin W. Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3246 Marlene Drive
 City Lafayette State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna HEALTHCARE OF CA, INC. Occupation Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-6257-20-38
 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 50 OF 103
	<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. Benjamin W. Katz
Full Name (Last, First, Middle Initial)

Mailing Address 3246 Marlene Drive

City Lafayette State CA Zip Code 94549

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

Name of Employer Cigna HEALTHCARE OF CA, INC. Occupation Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-6245-20-38

Amount of Each Receipt this Period **50.00**

B. Joan Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 9 NE Lofting Way

City Stuart State FL Zip Code 34996

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

Name of Employer Cigna Corp. Occupation VP Consumer Health Engagement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-23062-20-38

Amount of Each Receipt this Period **160.00**

C. Joan Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 9 NE Lofting Way

City Stuart State FL Zip Code 34996

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

Name of Employer Cigna Corp. Occupation VP Consumer Health Engagement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-22977-20-38

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 51 OF 103
	<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. Edward S. Kim
Full Name (Last, First, Middle Initial)

Mailing Address 28515 N. North Valley Parkway

City Phoenix	State AZ	Zip Code 85085
-----------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-20419-20-38

Amount of Each Receipt this Period

50.00

B. Edward S. Kim
Full Name (Last, First, Middle Initial)

Mailing Address 28515 N. North Valley Parkway

City Phoenix	State AZ	Zip Code 85085
-----------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-20350-20-38

Amount of Each Receipt this Period

50.00

C. Kristinn K. Klunkert
Full Name (Last, First, Middle Initial)

Mailing Address 21302 Shawnee Park Dr.

City Richmond	State TX	Zip Code 77406
------------------	-------------	-------------------

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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-31017-20-38

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: (check only one)	PAGE 52 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Kristinn K. Klunkert		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-31030-20-38
Mailing Address 21302 Shawnee Park Dr.		Amount of Each Receipt this Period 100.00
City Richmond	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Financial Analysis Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. James Kucharczyk		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-20240-20-38
Mailing Address 35 Maple Street		Amount of Each Receipt this Period 75.00
City New Canaan	State CT	Zip Code 06840
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Strategic Sourcing Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. James Kucharczyk		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-20174-20-38
Mailing Address 35 Maple Street		Amount of Each Receipt this Period 75.00
City New Canaan	State CT	Zip Code 06840
FEC ID number of contributing federal political committee. C		
Name of Employer Cigna Corp.	Occupation Strategic Sourcing Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

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 53 OF 103
	<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. Kenneth P. Langevin
Full Name (Last, First, Middle Initial)

Mailing Address 32 Castlewood Rd

City West Hartford State CT Zip Code 06107

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-1311-20-38

Amount of Each Receipt this Period
50.00

B. Kenneth P. Langevin
Full Name (Last, First, Middle Initial)

Mailing Address 32 Castlewood Rd

City West Hartford State CT Zip Code 06107

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-1311-20-38

Amount of Each Receipt this Period
50.00

C. Amy C. Lazzaro
Full Name (Last, First, Middle Initial)

Mailing Address 168 Old Farms Road

City South Glastonbury State CT Zip Code 06073

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-22809-20-38

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 54 OF 103
	<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 C. Lazzaro
Full Name (Last, First, Middle Initial)

Mailing Address 168 Old Farms Road

City South Glastonbury State CT Zip Code 06073

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 ▼ **350.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-22726-20-38

Amount of Each Receipt this Period
50.00

B. James Lemieux
Full Name (Last, First, Middle Initial)

Mailing Address 41 Lakeshore Dr

City New Hartford State CT Zip Code 06057

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 ▼ **350.00**

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-1042-20-38

Amount of Each Receipt this Period
50.00

C. James Lemieux
Full Name (Last, First, Middle Initial)

Mailing Address 41 Lakeshore Dr

City New Hartford State CT Zip Code 06057

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 ▼ **350.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-1042-20-38

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 55 OF 103
(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. Arthur W. Licon

Mailing Address 3029 River Road

City Kankakee State IL Zip Code 60901

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 ▼ **350.00**

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-29566-20-38

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Arthur W. Licon

Mailing Address 3029 River Road

City Kankakee State IL Zip Code 60901

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 ▼ **350.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-29586-20-38

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Scott A. Macchi

Mailing Address 28 Aspen Hill Drive

City Falls Village State CT Zip Code 06031

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 ▼ **210.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-801-20-38

Amount of Each Receipt this Period
30.00

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 56 OF 103
	<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. Matthew G. Manders		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014 Transaction ID : 20140310-2015-20-38
Mailing Address 2 Remington Ln		Amount of Each Receipt this Period 192.00
City Malvern	State PA	
Zip Code 19355		Aggregate Year-to-Date ▼ 1344.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Pres Regional & Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Matthew G. Manders		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014 Transaction ID : 20140324-2014-20-38
Mailing Address 2 Remington Ln		Amount of Each Receipt this Period 192.00
City Malvern	State PA	
Zip Code 19355		Aggregate Year-to-Date ▼ 1344.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Pres Regional & Operations	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 M M / D D / Y Y Y Y 03 / 13 / 2014 Transaction ID : 20140310-9781-20-38
Mailing Address 13 Devonshire Ln		Amount of Each Receipt this Period 75.00
City Malvern	State PA	
Zip Code 19355		Aggregate Year-to-Date ▼ 525.00
FEC ID number of contributing federal political committee. C		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP Service Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	459.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<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 P. Marsters			Date of Receipt
Mailing Address 13 Devonshire Ln			<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140324-9761-20-38
Malvern	PA	19355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
LIFE INS. CO. OF NORTH AMERICA	VP Service Operations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas J. Martel			Date of Receipt
Mailing Address 5 Melville Walk			<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140310-9483-20-38
Hingham	MA	02043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
CT GENERAL LIFE INSURANCE CO	RVP Segment Lead		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas J. Martel			Date of Receipt
Mailing Address 5 Melville Walk			<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 20140324-9467-20-38
Hingham	MA	02043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
CT GENERAL LIFE INSURANCE CO	RVP Segment Lead		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
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 58 OF 103
	<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. Louise M. McCagg
 Full Name (Last, First, Middle Initial)
 Mailing Address 9920 Springfield Drive
 City Ellicott City State MD Zip Code 21042
 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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-29365-20-38
 Amount of Each Receipt this Period **50.00**

B. Louise M. McCagg
 Full Name (Last, First, Middle Initial)
 Mailing Address 9920 Springfield Drive
 City Ellicott City State MD Zip Code 21042
 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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-29386-20-38
 Amount of Each Receipt this Period **50.00**

C. Thomas A. McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 Chester Rd
 City Devon State PA Zip Code 19333
 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 ▼ **875.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-9053-20-38
 Amount of Each Receipt this Period **125.00**

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 59 OF 103
	<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. Thomas A. McCarthy

Mailing Address 318 Chester Rd

City Devon State PA Zip Code 19333

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 ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-9036-20-38

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. Sheila McGinley-Graziosi

Mailing Address 32 Starview Dr

City Glastonbury State CT Zip Code 06033

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-1373-20-38

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Sheila McGinley-Graziosi

Mailing Address 32 Starview Dr

City Glastonbury State CT Zip Code 06033

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-1373-20-38

Amount of Each Receipt this Period
50.00

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 60 OF 103
	<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. Gregory J. Miller

Mailing Address 9450 Norwood Dr

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Cigna Corp. Market Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-29408-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 9450 Norwood Dr

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Cigna Corp. Market Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-29429-20-38

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Morris D. Mirabella

Mailing Address 5820 Aventura Ct

City State Zip Code
Tampa FL 33625

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 ▼
405.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-6412-20-38

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: PAGE 61 OF 103
(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. Morris D. Mirabella
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 Aventura Ct
 City Tampa State FL Zip Code 33625
 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 ▼ 405.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-6400-20-38
 Amount of Each Receipt this Period 75.00

B. Frank A. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 14705 Carter Rd
 City Overland Park State KS Zip Code 66221
 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 ▼ 700.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 20140310-10787-20-38
 Amount of Each Receipt this Period 100.00

C. Frank A. Monahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 14705 Carter Rd
 City Overland Park State KS Zip Code 66221
 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 ▼ 700.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-10763-20-38
 Amount of Each Receipt this Period 100.00

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 62 OF 103
	<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. Alan M. Muney			Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-18015-20-38		
Mailing Address 70 Leeuwarden Rd			Amount of Each Receipt this Period 175.00		
City Darien	State CT	Zip Code 06820			
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) ▼		Aggregate Year-to-Date ▼ 1225.00			

Full Name (Last, First, Middle Initial) B. Alan M. Muney			Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : 20140324-17953-20-38		
Mailing Address 70 Leeuwarden Rd			Amount of Each Receipt this Period 175.00		
City Darien	State CT	Zip Code 06820			
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) ▼		Aggregate Year-to-Date ▼ 1225.00			

Full Name (Last, First, Middle Initial) C. John M. Murabito			Date of Receipt MM / DD / YYYY 03 / 13 / 2014 Transaction ID : 20140310-10063-20-38		
Mailing Address 105 Mill View Ln			Amount of Each Receipt this Period 100.00		
City Newtown Square	State PA	Zip Code 19073			
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 ▼ 700.00			

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:	PAGE 63 OF 103
	(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 M. Murabito
Full Name (Last, First, Middle Initial)

Mailing Address 105 Mill View Ln

City Newtown Square State PA Zip Code 19073

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

Name of Employer Cigna Corp. Occupation EVP Human Resources & Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-10043-20-38

Amount of Each Receipt this Period
100.00

B. Paula Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 11 Dally Farms Rd

City Windsor State CT Zip Code 06095

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-4338-20-38

Amount of Each Receipt this Period
75.00

C. Paula Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 11 Dally Farms Rd

City Windsor State CT Zip Code 06095

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-4331-20-38

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 64 OF 103
	<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. Noreen Nageotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 28205 W Oviatt Rd
 City Bay Village State OH Zip Code 44140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-6872-20-38
 Amount of Each Receipt this Period
 75.00

B. Noreen Nageotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 28205 W Oviatt Rd
 City Bay Village State OH Zip Code 44140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-6859-20-38
 Amount of Each Receipt this Period
 75.00

C. Laurinda M. Newell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3409 E Rockwood Dr
 City Phoenix State AZ Zip Code 85050
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-9882-20-38
 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 65 OF 103
<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. Laurinda M. Newell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3409 E Rockwood Dr
 City Phoenix State AZ Zip Code 85050
 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 **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-9862-20-38
 Amount of Each Receipt this Period **50.00**

B. Richard S. Novack
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Bircham Way
 City Roswell State GA Zip Code 30075
 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 **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-16803-20-38
 Amount of Each Receipt this Period **50.00**

C. Richard S. Novack
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Bircham Way
 City Roswell State GA Zip Code 30075
 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 **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-16749-20-38
 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 66 OF 103
	<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. Eliana M. Nunez
Full Name (Last, First, Middle Initial)

Mailing Address 120 Ridge Crest Cir

City Wethersfield State CT Zip Code 06109

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operating Effectiveness Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-1164-20-38

Amount of Each Receipt this Period
50.00

B. Eliana M. Nunez
Full Name (Last, First, Middle Initial)

Mailing Address 120 Ridge Crest Cir

City Wethersfield State CT Zip Code 06109

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operating Effectiveness Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-1164-20-38

Amount of Each Receipt this Period
50.00

C. John Oates
Full Name (Last, First, Middle Initial)

Mailing Address 11712 Emerald Falls Drive

City Austin State TX Zip Code 78738

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 ▼ **1346.10**

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-12410-20-38

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ **292.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
	<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. John Oates		Date of Receipt
Mailing Address 11712 Emerald Falls Drive		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2014
City Austin	State TX	Zip Code 78738
FEC ID number of contributing federal political committee. C		Transaction ID : 20140324-12376-20-38
Name of Employer Cigna Corp.		Amount of Each Receipt this Period
Occupation Government Affairs Sr Director		192.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1346.10	

Full Name (Last, First, Middle Initial) B. Eric P. Palmer		Date of Receipt
Mailing Address 42 Ridgeview Drive		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2014
City Ellington	State CT	Zip Code 06029
FEC ID number of contributing federal political committee. C		Transaction ID : 20140310-5582-20-38
Name of Employer Cigna Corp.		Amount of Each Receipt this Period
Occupation Business Financial Officer		192.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1344.00	

Full Name (Last, First, Middle Initial) C. Eric P. Palmer		Date of Receipt
Mailing Address 42 Ridgeview Drive		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2014
City Ellington	State CT	Zip Code 06029
FEC ID number of contributing federal political committee. C		Transaction ID : 20140324-5572-20-38
Name of Employer Cigna Corp.		Amount of Each Receipt this Period
Occupation Business Financial Officer		192.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1344.00	

SUBTOTAL of Receipts This Page (optional).....▶	576.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<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. Charlene Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-10411-20-38
 Amount of Each Receipt this Period
 115.00

B. Charlene Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-10390-20-38
 Amount of Each Receipt this Period
 230.00

C. Mark A. Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Thistle Hollow
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP Reinsurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-439-20-38
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	395.00
TOTAL This Period (last page this line 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 103
(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. Mark A. Parsons

Mailing Address 4 Thistle Hollow

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP Reinsurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-437-20-38

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Allen C. Perez

Mailing Address 27622 Robillard Springs Lane

City Katy State TX Zip Code 77494

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 ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-30991-20-38

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Allen C. Perez

Mailing Address 27622 Robillard Springs Lane

City Katy State TX Zip Code 77494

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 ▼ **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-31004-20-38

Amount of Each Receipt this Period
100.00

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 70 OF 103
(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. Heather R. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Delta Blvd
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Financial Analysis Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-29555-20-38
 Amount of Each Receipt this Period
 50.00

B. Heather R. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Delta Blvd
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. Financial Analysis Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-29575-20-38
 Amount of Each Receipt this Period
 50.00

C. Danthu T. Phan
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 N. 4th Street
 City State Zip Code
 Philadelphia PA 19123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. VP Chief Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-10879-20-38
 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 71 OF 103
	<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. Danthu T. Phan
Full Name (Last, First, Middle Initial)

Mailing Address 819 N. 4th Street

City Philadelphia State PA Zip Code 19123

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-10855-20-38

Amount of Each Receipt this Period **50.00**

B. Jeremiah Pierson
Full Name (Last, First, Middle Initial)

Mailing Address 317 Spyglass hill Rd

City Bath State PA Zip Code 18014

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 ▼ **210.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-23404-20-38

Amount of Each Receipt this Period **30.00**

c. Charles C. Pitts
Full Name (Last, First, Middle Initial)

Mailing Address 622 Museum Drive

City Charlotte State NC Zip Code 28207

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 ▼ **280.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-12607-20-38

Amount of Each Receipt this Period **40.00**

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 72 OF 103
(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. Charles C. Pitts

Mailing Address 622 Museum Drive

City State Zip Code
 Charlotte NC 28207

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 ▼
 280.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-12573-20-38

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Sue Podbielski

Mailing Address 707 Glendale Road

City State Zip Code
 Glenview IL 60025

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 ▼
 600.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-13841-20-38

Amount of Each Receipt this Period
 100.00

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

Mailing Address 24 Magnolia Dr

City State Zip Code
 Suffield CT 06078

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

Name of Employer Occupation
 Cigna Corp. VP Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-1258-20-38

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

TOTAL This Period (last page this line 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 103
	(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. David M. Porcello		Date of Receipt
Mailing Address 24 Magnolia Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Suffield	CT	06078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20140324-1258-20-38
Name of Employer	Occupation	Amount of Each Receipt this Period
Cigna Corp.	VP Tax	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jonathan M. Prokup		Date of Receipt
Mailing Address 4633 Hazel Avenue		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20140310-22668-20-38
Name of Employer	Occupation	Amount of Each Receipt this Period
Cigna Corp.	Senior Counsel	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan M. Prokup		Date of Receipt
Mailing Address 4633 Hazel Avenue		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Philadelphia	PA	19143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20140324-22586-20-38
Name of Employer	Occupation	Amount of Each Receipt this Period
Cigna Corp.	Senior Counsel	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<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 74 OF 103
	<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. Philip Rabinowitz
Full Name (Last, First, Middle Initial)

Mailing Address 306 Rustin Way

City Wexford State PA Zip Code 15090

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 ▼ 280.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-11675-20-38

Amount of Each Receipt this Period
40.00

B. Philip Rabinowitz
Full Name (Last, First, Middle Initial)

Mailing Address 306 Rustin Way

City Wexford State PA Zip Code 15090

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 ▼ 280.00

Date of Receipt
03 / 27 / 2014
Transaction ID : 20140324-11649-20-38

Amount of Each Receipt this Period
40.00

C. Edward J. Rado
Full Name (Last, First, Middle Initial)

Mailing Address 39 Split Rock Dr.

City Wolcott State CT Zip Code 06716

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 ▼ 525.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 20140310-16486-20-38

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: (check only one)	PAGE 75 OF 103
	<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. Edward J. Rado
Full Name (Last, First, Middle Initial)

Mailing Address 39 Split Rock Dr.

City Wolcott State CT Zip Code 06716

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 ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-16434-20-38

Amount of Each Receipt this Period
75.00

B. Eugene J. Rapisardi
Full Name (Last, First, Middle Initial)

Mailing Address 7360 Weatherly Place

City Rancho Cucamonga State CA Zip Code 91730

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-14193-20-38

Amount of Each Receipt this Period
50.00

C. Eugene J. Rapisardi
Full Name (Last, First, Middle Initial)

Mailing Address 7360 Weatherly Place

City Rancho Cucamonga State CA Zip Code 91730

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-14145-20-38

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:	PAGE 76 OF 103
	(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. Jeffrey T. Rigg
Full Name (Last, First, Middle Initial)
Mailing Address 7 Westmeadow Lane
City Newark State DE Zip Code 19711
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation VP Internal Audit
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-20038-20-38
Amount of Each Receipt this Period
100.00

B. Jeffrey T. Rigg
Full Name (Last, First, Middle Initial)
Mailing Address 7 Westmeadow Lane
City Newark State DE Zip Code 19711
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation VP Internal Audit
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-19973-20-38
Amount of Each Receipt this Period
100.00

C. Catherine M. Riley
Full Name (Last, First, Middle Initial)
Mailing Address 1 Sand Dollar Dr
City Isle Of Palms State SC Zip Code 29451
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 ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-1983-20-38
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 77 OF 103
	<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. Catherine M. Riley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Sand Dollar Dr
 City Isle Of Palms State SC Zip Code 29451
 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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-1982-20-38
 Amount of Each Receipt this Period **50.00**

B. Kevin L. Ritchie
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 William Street
 City New York State NY Zip Code 10005
 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 ▼ **525.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-807-20-38
 Amount of Each Receipt this Period **75.00**

C. Kevin L. Ritchie
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 William Street
 City New York State NY Zip Code 10005
 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 ▼ **525.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-807-20-38
 Amount of Each Receipt this Period **75.00**

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 78 OF 103
	<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. John Rottkamp
Full Name (Last, First, Middle Initial)

Mailing Address 23 Livingston Road

City Canton State CT Zip Code 06019

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Enterprise Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : 20140310-1803-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 23 Livingston Road

City Canton State CT Zip Code 06019

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Enterprise Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-1802-20-38

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 Hawks Rdg

City Avon State CT Zip Code 06001

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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : 20140324-1838-20-38

Amount of Each Receipt this Period
30.00

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 79 OF 103
	<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. Jon L. Sandberg
Full Name (Last, First, Middle Initial)

Mailing Address 54 School Road

City Colchester State CT Zip Code 06415

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-22533-20-38

Amount of Each Receipt this Period
50.00

B. Jon L. Sandberg
Full Name (Last, First, Middle Initial)

Mailing Address 54 School Road

City Colchester State CT Zip Code 06415

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : 20140324-22451-20-38

Amount of Each Receipt this Period
50.00

C. Paul A. Sanford
Full Name (Last, First, Middle Initial)

Mailing Address 150 W Simsbury Rd

City Canton State CT Zip Code 06019

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Operating Effectiveness

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1344.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 20140310-7780-20-38

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 80 OF 103
	<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. Paul A. Sanford
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 W Simsbury Rd
 City Canton State CT Zip Code 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Operating Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-7764-20-38
 Amount of Each Receipt this Period
 192.00

B. David N. Sasportas
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Wadhams Rd
 City Bloomfield State CT Zip Code 06002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-387-20-38
 Amount of Each Receipt this Period
 50.00

C. David N. Sasportas
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Wadhams Rd
 City Bloomfield State CT Zip Code 06002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-386-20-38
 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 81 OF 103
	<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. Frank Sataline		Date of Receipt
Mailing Address 18 Wyndham Ln		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Farmington State CT Zip Code 06032		Transaction ID : 20140310-440-20-38
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 SVP Chief Investment Officer		<input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="595.00"/>

Full Name (Last, First, Middle Initial) B. Frank Sataline		Date of Receipt
Mailing Address 18 Wyndham Ln		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Farmington State CT Zip Code 06032		Transaction ID : 20140324-438-20-38
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 SVP Chief Investment Officer		<input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="595.00"/>

Full Name (Last, First, Middle Initial) c. David S. Scheibe		Date of Receipt
Mailing Address 400 Kings Highway		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Moorestown State NJ Zip Code 08057		Transaction ID : 20140310-1334-20-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Treasury Senior 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="350.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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: (check only one)	PAGE 82 OF 103
	<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 S. Scheibe
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Kings Highway
 City Moorestown State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Treasury Senior Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-1334-20-38
 Amount of Each Receipt this Period **50.00**

B. John E. Shepard
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Amherst Drive
 City Cheshire State CT Zip Code 06410
 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 **420.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-7501-20-38
 Amount of Each Receipt this Period **60.00**

c. John E. Shepard
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Amherst Drive
 City Cheshire State CT Zip Code 06410
 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 **420.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-7487-20-38
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **170.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 103
	<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. Kenneth R. Silvay
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Donna Mae Lane
 City Tolland State CT Zip Code 06084
 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 ▼ 350.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 20140310-976-20-38
 Amount of Each Receipt this Period 50.00

B. Kenneth R. Silvay
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Donna Mae Lane
 City Tolland State CT Zip Code 06084
 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 ▼ 350.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-976-20-38
 Amount of Each Receipt this Period 50.00

C. Diana Sousa
 Full Name (Last, First, Middle Initial)
 Mailing Address 995 Prospect Avenue
 City Hartford State CT Zip Code 06105
 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 ▼ 630.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 20140310-20157-20-38
 Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 103
	<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. Diana Sousa
Full Name (Last, First, Middle Initial)
Mailing Address 995 Prospect Avenue
City Hartford State CT Zip Code 06105
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 **630.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-20093-20-38
Amount of Each Receipt this Period **90.00**

B. Gerald T. Sweeney
Full Name (Last, First, Middle Initial)
Mailing Address 114 Woodland Drive
City Fair Haven State NJ Zip Code 07704
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 **1344.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-16547-20-38
Amount of Each Receipt this Period **192.00**

C. Gerald T. Sweeney
Full Name (Last, First, Middle Initial)
Mailing Address 114 Woodland Drive
City Fair Haven State NJ Zip Code 07704
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 **1344.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-16495-20-38
Amount of Each Receipt this Period **192.00**

SUBTOTAL of Receipts This Page (optional)..... **474.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 103
	<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. Jan C. Sykes
Full Name (Last, First, Middle Initial)

Mailing Address 803 W. Mesquite

City Phoenix State AZ Zip Code 85086

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-8090-20-38

Amount of Each Receipt this Period **50.00**

B. Jan C. Sykes
Full Name (Last, First, Middle Initial)

Mailing Address 803 W. Mesquite

City Phoenix State AZ Zip Code 85086

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-8075-20-38

Amount of Each Receipt this Period **50.00**

C. Doryne Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 2224 Longwood Dr

City Carrollton State TX Zip Code 75010

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-9964-20-38

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 86 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Doryne Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 2224 Longwood Dr
City Carrollton State TX Zip Code 75010
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 **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-9944-20-38
Amount of Each Receipt this Period **50.00**

B. Stephen M. Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 12 Farnsworth Dr
City New Hartford State CT Zip Code 06057
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 **350.00**

Date of Receipt **03 / 13 / 2014**
Transaction ID : 20140310-761-20-38
Amount of Each Receipt this Period **50.00**

C. Stephen M. Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 12 Farnsworth Dr
City New Hartford State CT Zip Code 06057
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 **350.00**

Date of Receipt **03 / 27 / 2014**
Transaction ID : 20140324-760-20-38
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 87 OF 103
	(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. Michael W. Triplett		Date of Receipt
Mailing Address 2411 Littlecote Ln		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Richmond State VA Zip Code 23236		Transaction ID : 20140310-690-20-38
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 Segment Lead		<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="700.00"/>

Full Name (Last, First, Middle Initial) B. Michael W. Triplett		Date of Receipt
Mailing Address 2411 Littlecote Ln		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Richmond State VA Zip Code 23236		Transaction ID : 20140324-689-20-38
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 Segment Lead		<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="700.00"/>

Full Name (Last, First, Middle Initial) C. Julie A. Vayer		Date of Receipt
Mailing Address 15 Woodside Circle		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Hartford State CT Zip Code 06105		Transaction ID : 20140310-7715-20-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna BEHAVIORAL HEALTH, INC. Occupation VP Total Health & Network Oper		<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="525.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" 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 88 OF 103
	<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. Julie A. Vayer
Full Name (Last, First, Middle Initial)

Mailing Address 15 Woodside Circle

City Hartford State CT Zip Code 06105

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 ▼ **525.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-7700-20-38

Amount of Each Receipt this Period **75.00**

B. Jennifer L. Velasquez
Full Name (Last, First, Middle Initial)

Mailing Address 5758 Pine Tree Drive

City Miami Beach State FL Zip Code 33140

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 ▼ **350.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : 20140310-31121-20-38

Amount of Each Receipt this Period **50.00**

C. Jennifer L. Velasquez
Full Name (Last, First, Middle Initial)

Mailing Address 5758 Pine Tree Drive

City Miami Beach State FL Zip Code 33140

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 ▼ **350.00**

Date of Receipt **03 / 27 / 2014**

Transaction ID : 20140324-31134-20-38

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 89 OF 103
	<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. Brian Wallach
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Dunlavy Street, Apt. 8104
 City Houston State TX Zip Code 77019
 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 ▼ 209.51

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-6882-20-38
 Amount of Each Receipt this Period 29.93

B. Patricia J. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 Bancroft Rd
 City Northampton State MA Zip Code 01060
 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 ▼ 700.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 20140310-20083-20-38
 Amount of Each Receipt this Period 100.00

C. Patricia J. Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 Bancroft Rd
 City Northampton State MA Zip Code 01060
 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 ▼ 700.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-20018-20-38
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	229.93
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 90 OF 103
(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. Philip J. Wasden
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Big Bend Trail
 City State Zip Code
 Sugar Hill GA 30518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CIGNA HEALTHCARE OF GA, INC. Manager Account Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-4964-20-38
 Amount of Each Receipt this Period
 50.00

B. Philip J. Wasden
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Big Bend Trail
 City State Zip Code
 Sugar Hill GA 30518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CIGNA HEALTHCARE OF GA, INC. Manager Account Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-4956-20-38
 Amount of Each Receipt this Period
 50.00

C. William M. Welch
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Meadowbrook Road
 City State Zip Code
 Longmeadow MA 01106
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-22547-20-38
 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 91 OF 103
	<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. William M. Welch		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-22465-20-38
Mailing Address 25 Meadowbrook Road		Amount of Each Receipt this Period 50.00
City Longmeadow	State MA	
Zip Code 01106		Aggregate Year-to-Date ▼ 350.00
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) ▼

Full Name (Last, First, Middle Initial) B. Reginald White		Date of Receipt 03 / 13 / 2014 Transaction ID : 20140310-11051-20-38
Mailing Address 625 Abbotts View Ct		Amount of Each Receipt this Period 50.00
City Duluth	State GA	
Zip Code 30097		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Director-Sales Mgt	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Reginald White		Date of Receipt 03 / 27 / 2014 Transaction ID : 20140324-11027-20-38
Mailing Address 625 Abbotts View Ct		Amount of Each Receipt this Period 50.00
City Duluth	State GA	
Zip Code 30097		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Director-Sales Mgt	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 92 OF 103
	<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. Lance Wilkes
Full Name (Last, First, Middle Initial)
Mailing Address 85 Tyler Court

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-7699-20-38

Amount of Each Receipt this Period
75.00

B. Lance Wilkes
Full Name (Last, First, Middle Initial)
Mailing Address 85 Tyler Court

City Avon	State CT	Zip Code 06001
--------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-7684-20-38

Amount of Each Receipt this Period
50.00

C. Daniel Wiss
Full Name (Last, First, Middle Initial)
Mailing Address 6925 Columbia Avenue

City University City	State MO	Zip Code 63130
-------------------------	-------------	-------------------

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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-8928-20-38

Amount of Each Receipt this Period
40.00

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: PAGE 93 OF 103
(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. Daniel Wiss

Mailing Address 6925 Columbia Avenue

City State Zip Code
 University City MO 63130

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 ▼
 280.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-8911-20-38

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Bradley A. Wolfram

Mailing Address 1405 High Lonesome

City State Zip Code
 Leander TX 78641-3660

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 ▼
 525.00

Date of Receipt
 03 / 13 / 2014
Transaction ID : 20140310-31798-20-38

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Bradley A. Wolfram

Mailing Address 1405 High Lonesome

City State Zip Code
 Leander TX 78641-3660

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 ▼
 525.00

Date of Receipt
 03 / 27 / 2014
Transaction ID : 20140324-31807-20-38

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

TOTAL This Period (last page this line 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 94 OF 103
	(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 M. Wray
Full Name (Last, First, Middle Initial)

Mailing Address 118 West 79th Street

City New York State NY Zip Code 10024

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 ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-23548-20-38

Amount of Each Receipt this Period
 175.00

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

Mailing Address 118 West 79th Street

City New York State NY Zip Code 10024

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 ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2014
Transaction ID : 20140324-23457-20-38

Amount of Each Receipt this Period
 175.00

C. Bu Yang
Full Name (Last, First, Middle Initial)

Mailing Address 121 High Wood Dr

City South Glastonbury State CT Zip Code 06073

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 ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : 20140310-7453-20-38

Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 405.00

TOTAL This Period (last page this line 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 95 OF 103
	(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. Bu Yang
Full Name (Last, First, Middle Initial)
Mailing Address 121 High Wood Dr
City South Glastonbury State CT Zip Code 06073
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 ▼ 385.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-7439-20-38
Amount of Each Receipt this Period 55.00

B. David G. Zach
Full Name (Last, First, Middle Initial)
Mailing Address 9 Heritage Lane
City Phoenixville State PA Zip Code 19460
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 ▼ 525.00

Date of Receipt 03 / 13 / 2014
Transaction ID : 20140310-26169-20-38
Amount of Each Receipt this Period 75.00

c. David G. Zach
Full Name (Last, First, Middle Initial)
Mailing Address 9 Heritage Lane
City Phoenixville State PA Zip Code 19460
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 ▼ 525.00

Date of Receipt 03 / 27 / 2014
Transaction ID : 20140324-26054-20-38
Amount of Each Receipt this Period 75.00

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: PAGE 96 OF 103
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. George Zaruba

Mailing Address 17 Ashford Lane

City Newtown	State CT	Zip Code 06470
-----------------	-------------	-------------------

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 ▼
1078.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : 20140310-24160-20-38

Amount of Each Receipt this Period
154.00

Full Name (Last, First, Middle Initial)
B. George Zaruba

Mailing Address 17 Ashford Lane

City Newtown	State CT	Zip Code 06470
-----------------	-------------	-------------------

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 ▼
1078.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 20140324-24065-20-38

Amount of Each Receipt this Period
154.00

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

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	308.00
TOTAL This Period (last page this line number only).....▶	21836.64

**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

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. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Gus Michael Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

/ /

Transaction ID : 6BDEC326A7141CAA737

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement
2014 General

011
Category/
Type

Candidate Name

Eric Ivan Cantor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

/ /

Transaction ID : AE510727C5557710A36

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Charles W. Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

/ /

Transaction ID : 2743C0253BA22CB7D31

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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. Doyle for Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael F. Doyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : 99F1DE1CBE91E359E6F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Fattah for Congress

Mailing Address 3900 Ford Road
Suite 120

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement
2014 Primary

011

Candidate Name

Chaka Fattah

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : 150360A10AD52816B6E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael G. Fitzpatrick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : 513657081BA0675DEE7

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**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

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. Friends for Jim McDermott

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
2014 Primary

011

Candidate Name

Jim McDermott

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : C45EEC3B3B9AD45BB3C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address PO Box 61

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
2014 Convention

011

Candidate Name

Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 5C28B29DFE071844518

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City State Zip Code
Houston TX 77222

Purpose of Disbursement
2014 General

011

Candidate Name

Raymond Eugene Green

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : D4672CD4DC082535C65

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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. John Carney for Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
2014 Primary

011

Candidate Name

John Charles Carney Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DE District: 01

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : **CC9B10073B0C3683CA5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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
03 / 12 / 2014

Transaction ID : **79AD83A74C9B50A0C55**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marino for Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas Anthony Marino

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : **5397AA1F3C9D22283B9**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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 Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Mark Lunsford Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 3184CA2EA63DE571B9D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Mark Lunsford Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : 7AFDA21806161D488CB

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 6AF04D2F6EFA52D3409

Amount of Each Disbursement this Period

10000.00

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

12500.00

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

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. New PAC

Mailing Address PO Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

New PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : BABC0DD9835AF830705

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Peters for Michigan

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Gary C. Peters

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: MI District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 9CE214CED3022415713

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Peter J. Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : 3137EE7B43AAE41270B

Amount of Each Disbursement this Period

1000.00

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

4500.00

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