

**SCHEDULE A (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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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)  
**Aetna Inc. Political Action Committee**

**A. Rahul Ghai**  
Full Name (Last, First, Middle Initial)

Mailing Address 381 Hemlock Rd

City State Zip Code  
Fairfield CT 06824-1857

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

Name of Employer Occupation  
Aetna Inc. VP, Planning, Perf & Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 17 / 2014  
**Transaction ID : 011514-356**

Amount of Each Receipt this Period  
300.00

**B. Janet Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 7561 Pine Frost Dr

City State Zip Code  
Centerville OH 45459-5061

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

Name of Employer Occupation  
Aetna Inc. VP, Medicaid Region Head

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 17 / 2014  
**Transaction ID : 011514-411**

Amount of Each Receipt this Period  
250.00

**C. Thomas J. Grote**  
Full Name (Last, First, Middle Initial)

Mailing Address 10109 Bracken Dr

City State Zip Code  
Ellicott City MD 21042-1674

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

Name of Employer Occupation  
Aetna Inc. VP, Local Market Head I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 17 / 2014  
**Transaction ID : 011514-324**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	