



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Signa 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="2016"/>		242946.08
(b) Cash on Hand at Beginning of Reporting Period.....	222457.40	
(c) Total Receipts (from Line 19) .....	23181.77	460668.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	245639.17	703614.17
7. Total Disbursements (from Line 31).....	51500.00	509475.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	194139.17	194139.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Signa Corporation Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17724.82	288724.97
(ii) Unitemized .....	5456.95	171943.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23181.77	460668.09
(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) .....	23181.77	460668.09
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)).....▶	23181.77	460668.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23181.77	460668.09

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	1175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	306500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	18500.00	201800.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	51500.00	509475.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51500.00	509475.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23181.77	460668.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23181.77	460668.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1175.00
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	1175.00

**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 130
	<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. Abate, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Supply Chain Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-16551-8-40**  
 Amount of Each Receipt this Period 155.00  
 Memo Item

**B. Adamsons, Linda, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-948-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Alcedo, Marc, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1729 Canonero Dr  
 City Austin State TX Zip Code 78746-2114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19968-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> 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 7 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Alexander, Michael, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 E 15th St  
 City Ship Bottom State NJ Zip Code 08008-4467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.60

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10190-8-40**  
 Amount of Each Receipt this Period 26.93  
 Memo Item

**B. Allen, Gregory, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Corporate Centre Dr  
 City Franklin State TN Zip Code 37067-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28262-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Andrews, Sharon, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 Chandler Pond Dr  
 City Lawrenceville State GA Zip Code 30043-6043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13324-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.93
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Anifowoshe, Olumide, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28865-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Antonello, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1571 Sawgrass Corporate Pkwy  
 City Sunrise State FL Zip Code 33323-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Marketing Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3270-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Armata, Raegan, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-198-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Arndt, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7193-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Asbaty, Ann, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Whippany Rd  
 City Morristown State NJ Zip Code 07960-4558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-291-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Aube, Jacquelyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Customer Adoption Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1556-8-40**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 130
	<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

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

**A. Awasthi, Sanjiv, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Real Estate Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18700-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Bacus, Lisa, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-21848-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Bailey, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 Dallas Pkwy  
 City Plano State TX Zip Code 75093-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Direct Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10077-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	257.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Bailey, Rick, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13345-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Baldwin, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 59th St  
 City West Des Moines State IA Zip Code 50266-6300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22596-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Banach, Christine, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-942-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Beaugard, Michelle, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-12386-8-40**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Benedict, Amie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-6318-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Berardo, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Whippany Rd  
 City Morristown State NJ Zip Code 07960-4558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-1883-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bogan, John, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20236-8-40**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Bolden, Ronald, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 E High St  
 City Phoenix State AZ Zip Code 85054-5469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8237-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Borden, Eva, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 W Lane Ct  
 City Panora State IA Zip Code 50216-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2153-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Boxer, Mark, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) EVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-8310-8-40**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Bradbury, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Sr Dir  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-22256-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Brew, Conway, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-6782-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Brogna, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E Carey St  
 City Plains State PA Zip Code 18705-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12676-8-40**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Browchuk, Brett, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Service Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12136-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Brown, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7310-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brundin, Kelly, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 Meadowview Ct  
 City Maple Glen State PA Zip Code 19002-2330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Financial Plng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2682-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Brunetti, Jeffrey, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Tax Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1824-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brzezinski, Zigmund, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Ocean Rd  
 City Spring Lake State NJ Zip Code 07762-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 367.98

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2293-8-40**  
 Amount of Each Receipt this Period 18.53  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	88.53
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Buckley, M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 W Monroe St  
 City Chicago State IL Zip Code 60661-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.12

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3836-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Buckley, Timothy, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Internation Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-11318-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Bucklin, Nancy, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 E High St  
 City Phoenix State AZ Zip Code 85054-5469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5006-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.50
<b>TOTAL</b> 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 18 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burchill, Claire, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-1600-8-40**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Butkus, Glenn, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2223 Washington St  
 City Newton State MA Zip Code 02462-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Sales Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-315-8-40**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Butler, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2223 Washington St  
 City Newton State MA Zip Code 02462-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-7969-8-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cantelmo, Karen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Sunset Hill Rd  
 City Simsbury State CT Zip Code 06070-3046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3873-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Cantrell, John, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 Dallas Pkwy  
 City Plano State TX Zip Code 75093-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Corporate Security Sr Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4793-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Carlson, William, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Real Estate Sr Managing Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-628-8-40**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Caron, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1878-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Cayford, Eric, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-25473-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cierzan, Karen, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11095 Viking Dr  
 City Eden Prairie State MN Zip Code 55344-7223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA BEHAVIORAL HEALTH, INC. Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5030-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 21 OF 130
	<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

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

**A. Cieslukowski, Renee, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Strategy Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3685-8-40**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Clark, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Coli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-338-8-40**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Coburn, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24362-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cohan, Colleen, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 S Calvert St  
 City Baltimore State MD Zip Code 21202-6174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-32780-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Collins, Gina, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Compliance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9586-8-40**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Conners, Timothy, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18547-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Conrad, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Brand Blvd  
 City Glendale State CA Zip Code 91203-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager-National Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 609.57

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1945-8-40**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Consiglio, Lorraine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Corporate Security Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6589-8-40**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Consolazio, Eric, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1569-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.62
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Corbett, Natalie, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) HR Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-21136-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cordani, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-407-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Cordova, Amy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13519-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.00
<b>TOTAL</b> 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 130
<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. Cozzo, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31792 Via Coyote  
 City Coto De Caza State CA Zip Code 92679-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8996-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Crawford, Stephen, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 B Ave  
 City Coronado State CA Zip Code 92118-1955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-11147-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Croes, Rebecca, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29117-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**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 26 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Crooks, Andrew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 N Rocky Point Dr  
 City Rocky Point State FL Zip Code 33607-5917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7121-8-40**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Crosson, Balthasar, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2297-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Cuddeback, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10099-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> 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 130
	<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

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

**A. Czar, Gregory, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8440-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Damato, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2119-8-40**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. De Jong, Johannes, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-212-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. De Rosa, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Executive Park  
 City Irvine State CA Zip Code 92614-6739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1476-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Deforest, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Audit Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8315-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Demchak, Cyanne, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 W Jackson Blvd  
 City Chicago State IL Zip Code 60604-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-14810-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Demonteverde, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Brand Blvd  
 City Glendale State CA Zip Code 91203-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12283-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Devine, Brendan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22864-8-40**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Dimanno, Constance, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Project Management Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8781-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doherty, Jeannine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 E High St  
 City Phoenix State AZ Zip Code 85054-5469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 603.91

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-26-8-40**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Dours, Eugene, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 Dallas Pkwy  
 City Plano State TX Zip Code 75093-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4724-8-40**  
 Amount of Each Receipt this Period 18.50  
 Memo Item

**C. Doyle, Marcus, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Strat & Bus Develop Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12147-8-40**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	93.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Drew, Stephen, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 175 W Jackson Blvd  
 City Chicago State IL Zip Code 60604-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22463-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Durruthy, Rosanna, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1527 Seabreeze Blvd  
 City Fort Lauderdale State FL Zip Code 33316-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Diversity Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-17127-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Edgeworth, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24200-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Enright, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) HR Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8015-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Evanko, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1575-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Evelyn, Bonnie, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1671 Breakers West Blvd  
 City West Palm Beach State FL Zip Code 33411-1873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Account Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-31362-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Evelyn, Scott, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1571 Sawgrass Corporate Pkwy  
 City Sunrise State FL Zip Code 33323-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13188-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Feldman, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Social Media Mktg Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19318-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fessenden, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22309-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**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 34 OF 130
	<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

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

**A. Filiault, Scott, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-219-8-40**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item

**B. Finizio, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 Darling Ave  
 City Bloomfield State NJ Zip Code 07003-5406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-19799-8-40**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Fischer-McKee, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11029 W Crestbrook Dr  
 City Sun City State AZ Zip Code 85351-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Compliance Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-11041-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Fitzpatrick, Susan, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 E 45th St  
 City New York State NY Zip Code 10017-3144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1474-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Fontneau, Patty, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-25368-8-40**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Foulke, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29229-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> 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 130
	<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

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

**A. Fridl, Philip, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8384-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Fripp, Tyrone, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 E 45th St  
 City New York State NY Zip Code 10017-3144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) HR Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12698-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fritch, Herbert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) President Cigna HealthSpring  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28308-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Garcia, Jodeen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) IT Service Management Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13675-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gardner, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 S Warner Rd  
 City King Of Prussia State PA Zip Code 19406-2826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8939-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Gardner, Peter, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29071-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Garvey, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Whippany Rd  
 City Morristown State NJ Zip Code 07960-4558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-1773-8-40**  
 Amount of Each Receipt this Period  
 19.25  
 Memo Item

**B. Gee, Willis, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-8046-8-40**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Gerhard, Glenn, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-193-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.25
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Giannoni, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 Wheelers Farms Rd  
 City Milford State CT Zip Code 06461-1673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.63

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3434-8-40**  
 Amount of Each Receipt this Period 16.39  
 Memo Item

**B. Gilbert, Jennifer, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 Poplar Ave  
 City Memphis State TN Zip Code 38119-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29825-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Glover, Debra, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Mainstream Dr  
 City Nashville State TN Zip Code 37228-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28329-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Godsill, John, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8069-8-40**  
 Amount of Each Receipt this Period 160.00  
 Memo Item

**B. Goglia, Ronald, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Morrison Ave  
 City Easton State PA Zip Code 18042-1439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1942-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Gorodetzer, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HR&S Talent Optimization Occupation (for Individual) VP Total Rewards & Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2385.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10021-8-40**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gorokhovich, Victoria, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.20

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18706-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Graves, Tania, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8179 Penn Pl  
 City Indianapolis State IN Zip Code 46250-4265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Comm Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5349-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Gray, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strat And Bus Develop Sr Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1708-8-40**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gray, William, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Waterside Xing  
 City Windsor State CT Zip Code 06095-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23605-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Greco, Allison, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1253-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Green, Benjy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Highway 121  
 City Bedford State TX Zip Code 76021-5981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-27916-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 130
	<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. Grimm, Bruce, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-6072-8-40**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. Gross, Jeffrey, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Information Protection Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-15579-8-40**  
 Amount of Each Receipt this Period  
 24.00  
 Memo Item

**C. Guest, Beth, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-21617-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109.00
<b>TOTAL</b> 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 130
	<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

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

**A. Guilmette, David, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Multi-Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-16373-8-40**  
 Amount of Each Receipt this Period  
 192.00  
 Memo Item

**B. Hall, Theresa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-13739-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Hallquist, Kerin, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Bellevue Pkwy Ste 101  
 City Wilmington State DE Zip Code 19809-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-550-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hannah, Joseph, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E Cary St  
 City Richmond State VA Zip Code 23219-4063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4463-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Harris, Julian, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Strategic Operations Plng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2601.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-31248-8-40**  
 Amount of Each Receipt this Period 153.00  
 Memo Item

**C. Harrison, Peter, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Marketing Insights  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24290-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 193.00  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Harvey, Joan, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 S River Rd  
 City Stuart State FL Zip Code 34996-6400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Consumer Health Engagement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-20238-8-40**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item

**B. Hawkins, Tobin, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Post Oak Blvd  
 City Houston State TX Zip Code 77056-5784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Enterprise Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-4630-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Hayes, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Director  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-18035-8-40**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Haynes, Ben, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-3195-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Hicks, Gregory, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-9840-8-40**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Hocevar, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Multi-Segment Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-8028-8-40**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	245.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hodsdon, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2676-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Horlacher, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2576-8-40**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Horwitz, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3430 List Pl  
 City Minneapolis State MN Zip Code 55416-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-14755-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Howell, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Primera Blvd  
 Ste 264  
 City Lake Mary State FL Zip Code 32746-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20284-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Huggins, Julia, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 S Calvert St  
 City Baltimore State MD Zip Code 21202-6174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-449-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Hunigan, Daven, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Systems Analysis Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 226.62

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2840-8-40**  
 Amount of Each Receipt this Period 11.43  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.43
<b>TOTAL</b> 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 130
	<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
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NAME OF COMMITTEE (In Full)  
**Cigna Corporation Political Action Committee**

**A. Hurt, Jay, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29493-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Huseth, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 S York St Apt 1  
 City Elmhurst State IL Zip Code 60126-5165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics Senior Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7991-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Hutton, Deborah, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Hilltop Dr  
 City West Hartford State CT Zip Code 06107-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-25349-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hyland, Christa, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8484 Westpark Dr  
 Ste 950  
 City McLean State VA Zip Code 22102-5147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Manager Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24815-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Iftekhar, Moin, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 Nathan Hale Dr  
 City Deptford State NJ Zip Code 08096-5148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.09

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1806-8-40**  
 Amount of Each Receipt this Period 15.14  
 Memo Item

**C. Igunbor, Tamara, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W144N7150 Terrace Dr  
 City Menomonee Falls State WI Zip Code 53051-0930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23736-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.14  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Isabella, Ana, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 E Burbank Blvd  
 Apt A  
 City Burbank State CA Zip Code 91502-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna HEALTHCARE OF CA, INC. Occupation (for Individual) Business Project Sr Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5673-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Jack, Crystal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 Maple Glen Rd  
 City Sacramento State CA Zip Code 95864-1633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2320.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23633-8-40**  
 Amount of Each Receipt this Period 116.00  
 Memo Item

**C. Jacobs, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2452-8-40**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jacobson, Clifton, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7034 Lakewood Blvd  
 City Dallas State TX Zip Code 75214-3558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29438-8-40**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Jameson, William, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Brand Blvd  
 City Glendale State CA Zip Code 91203-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Managing Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5505-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Johnson, Jeffrey, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6106 Bascom Dr  
 City Summerfield State NC Zip Code 27358-9119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-31782-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	237.30
<b>TOTAL</b> 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 130
	<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. Jones, Nicole, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-11185-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Jones, Shadrach, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Park Ln  
 City Pittsburgh State PA Zip Code 15275-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22904-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Jordan, Teresa, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28311-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.00
<b>TOTAL</b> 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 55 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph, Kevin, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # TL18R  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA DENTAL HEALTH, INC. Occupation (for Individual) Provider Contracting Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.64

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7867-8-40**  
 Amount of Each Receipt this Period 20.58  
 Memo Item

**B. Josephs, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Corporate Center Dr  
 City Raleigh State NC Zip Code 27607-5084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Total Medical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5991-8-40**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Kaleta, Jill, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24641-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.58  
**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 56 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kalyanasundaram, Shankar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8706-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Karlin, Rhonda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1536-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Keats, John, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Medbury Rd  
 City Timonium State MD Zip Code 21093-4321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19345-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Keffer, Christopher, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 788.50

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28271-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kenyon, Matthew, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8484 Westpark Dr Ste 950  
 City McLean State VA Zip Code 22102-5147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-13882-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Kim, Edward, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18285-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kirkner, Gary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Surfsong Rd  
 City Kiawah Island State SC Zip Code 29455-5756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Sales  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8121-8-40**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**B. Klunkert, Kristinn, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29507-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Kucharczyk, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strategic Sourcing Sr Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18150-8-40**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 295.00  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kycia, Diana, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.85

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-813-8-40**  
 Amount of Each Receipt this Period 16.99  
 Memo Item

**B. Laclair, Edward, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Glenmaura National Blvd  
 City Scranton State PA Zip Code 18507-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1678-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Langevin, Kenneth, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1195-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.99
<b>TOTAL</b> 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 60 OF 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lara, R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25600 N Norterra Dr  
 Bldg A  
 City Phoenix State AZ Zip Code 85085-8201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-2396-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Lazzaro, Amy, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-20061-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Lees, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Waterside Xing  
 City Windsor State CT Zip Code 06095-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-16913-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 130
<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. Legrier, Thulani, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.60

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-26469-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Leland, Robyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Highway 121  
 City Bedford State TX Zip Code 76021-5981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28197-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Levenbach, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Bellevue Pkwy Ste 101  
 City Wilmington State DE Zip Code 19809-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Actuarial Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8441-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 130
	<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

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

**A. Lockery, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8983-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Loftus, Jane, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12627-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Lopez, William, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1006 Columbine Rd  
 City Asheville State NC Zip Code 28803-1951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10903-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 130
	<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

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

**A. Macchi, Scott, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-724-8-40**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Machata, Nora, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Project Management Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28751-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Maesner, Jon, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5393-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 85.00  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maher, William, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2819-8-40**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Malley, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 764 W Saddle River Rd  
 City Ho Ho Kus State NJ Zip Code 07423-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24358-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Maltby, A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Bellevue Pkwy Ste 101  
 City Wilmington State DE Zip Code 19809-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-17246-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 112.00  
**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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Manders, Matthew, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Pres US Mkts & Global HC Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1829-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Mangiafico, Carla, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-239-8-40**  
 Amount of Each Receipt this Period 19.00  
 Memo Item

**C. Marsters, Mark, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Service Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8827-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 336.00  
**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 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Martel, Thomas, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2223 Washington St  
 City Newton State MA Zip Code 02462-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8566-8-40**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. May, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA INTERNATIONAL SVCS., INC Occupation (for Individual) Compensation Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6155-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McCagg, Louise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 Odonnell St  
 City Baltimore State MD Zip Code 21224-5238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28250-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McCarter, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-14038-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McCarthy, Elaine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Bellevue Pkwy Ste 101  
 City Wilmington State DE Zip Code 19809-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Segment Marketing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2154-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. McCarthy, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8155-8-40**  
 Amount of Each Receipt this Period 185.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<b>TOTAL</b> 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 130
	<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

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

**A. McCauley, Peter, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 W Monroe St  
 City Chicago State IL Zip Code 60661-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-16653-8-40**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**B. McDill, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) QA and Testing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12742-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. McDonald, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 College Park Dr  
 City Hooksett State NH Zip Code 03106-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19258-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> 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 69 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. McDowell, William, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7476-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. McGinley-Graziosi, Sheila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1251-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. McGinnis, Matthew, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics/Analytics Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8312-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. McKenzie-Small, Kayla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Huntington Quad  
 City Melville State NY Zip Code 11747-4602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9025-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. McKinney, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9732-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. McMurray, Susan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-417-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Meester, Marta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3636 Nobel Dr  
 City San Diego State CA Zip Code 92122-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna HEALTHCARE OF CA, INC. Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5473-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Merski, Richard, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24635-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Metzdorf, Kellie, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3427 United Ln  
 City Frisco State TX Zip Code 75034-6661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Project Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4754-8-40**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.00  
**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 72 OF 130
	<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

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

**A. Miller, Gregory, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9450 Norwood Dr  
 City Brentwood State TN Zip Code 37027-8657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28283-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Mino, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Lafayette Dr  
 City Washington Crossin State PA Zip Code 18977-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8869-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Mintz, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3124 Matoma Circle  
 City Thompson Station State TN Zip Code 37179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-16976-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 130  
(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. Mirabella, Morris, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 N Rocky Point Dr  
 City Rocky Point State FL Zip Code 33607-5917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5780-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Miranda, Kymberly, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 SE 5th Ave  
 City Fort Lauderdale State FL Zip Code 33301-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Manager-National Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3942-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Monahan, Frank, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 W 110th St  
 City Overland Park State KS Zip Code 66210-2358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9729-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Monchick, Melanie, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Corporate Center Dr  
 City Raleigh State NC Zip Code 27607-5084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Clinical Program Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5538-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Moran, Michael, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 W Monroe St  
 City Chicago State IL Zip Code 60661-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-15904-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Morris, Matthew, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Healthspring Occupation (for Individual) VP Segment Operations  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2880.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28274-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Motta, Jennifer, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Development 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-19607-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Motter, Eric, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 Spanish Trail Ct  
 City Blacklick State OH Zip Code 43004-9803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Insight Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-7225-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mulberry, Brent, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-7434-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 76 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Munev, Alan, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Total Med/Chief Med Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 20161004-16433-8-40**

Amount of Each Receipt this Period  
175.00

Memo Item

**B. Murabito, John, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

City Philadelphia	State PA	Zip Code 19192-0002
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) EVP Human Resources & Services
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 20161004-9073-8-40**

Amount of Each Receipt this Period  
154.00

Memo Item

**C. Murphy, John, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Primera Blvd Ste 264

City Lake Mary	State FL	Zip Code 32746-2148
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Manager Account Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 20161004-7082-8-40**

Amount of Each Receipt this Period  
12.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	341.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nageotte, Noreen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28205 W Oviatt Rd  
 City Bay Village State OH Zip Code 44140-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6201-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Naik, Manish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2066 Madrillon Rd  
 City Vienna State VA Zip Code 22182-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18813-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nicoll, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Huntington Quad  
 City Melville State NY Zip Code 11747-4602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.60

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1742-8-40**  
 Amount of Each Receipt this Period 26.93  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.93  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nole, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1571 Sawgrass Corporate Pkwy  
 City Sunrise State FL Zip Code 33323-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-15619-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Novack, Richard, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 Piedmont Rd NE  
 City Atlanta State GA Zip Code 30305-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-15481-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Nunez, Eliana, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operating Effectiveness Sr Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1063-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**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 79 OF 130
	<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

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

**A. O'Donnell, William, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Whippany Rd  
 City Morristown State NJ Zip Code 07960-4558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-14145-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Oates, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 Patterson Rd  
 City Austin State TX Zip Code 78733-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-11128-8-40**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Osborne, Lester, Keith, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13759 E Paradise Dr  
 City Scottsdale State AZ Zip Code 85259-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5831-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.30
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ough, Brian, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr  
 Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-6997-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Overbye, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-1233-8-40**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Paige, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Rainbow Ridge Dr  
 City Livingston State NJ Zip Code 07039-1125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-21398-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Palmer, Eric, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Bus Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5050-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Palmersheim, Karen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Brand Blvd  
 City Glendale State CA Zip Code 91203-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-27622-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Panter, Jeffery, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Strategic Sourcing Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4161-8-40**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	247.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 130
	<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. Paoletti, Christian, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1571 Sawgrass Corporate Pkwy  
 City Sunrise State FL Zip Code 33323-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Financial Analysis Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8650-8-40**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Parsons, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Reinsurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-396-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Perez, Allen, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 North Loop W  
 City Houston State TX Zip Code 77092-8841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Developmt Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29489-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**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 83 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peterson, David, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 913 Woodhill Cir  
 City Watertown State MN Zip Code 55388-9267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4956-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Peterson, Heather, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28397-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Phan, Danthu, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9811-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> 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 130
	<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

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

**A. Philibotte, Thomas, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-15-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Phillips, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 W Monroe St  
 City Chicago State IL Zip Code 60661-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23497-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Pierce, Ena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5206 Downing Rd  
 City Baltimore State MD Zip Code 21212-4114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28233-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 130
	<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

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

**A. Pierson, Jeremiah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 Spy Glass Hill Rd  
 City Bath State PA Zip Code 18014-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20518-8-40**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Pitts, Charles, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11016 Rushmore Dr  
 City Charlotte State NC Zip Code 28277-3474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-11291-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Potter, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Fixed Income Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-18491-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**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 130
	<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

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

**A. Prather, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr  
 Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7295-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rabinowitz, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Park Lane Dr  
 City Pittsburgh State PA Zip Code 15275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10526-8-40**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Raccagni, David, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6016-8-40**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 130
	<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

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

**A. Rado, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-15221-8-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Rapisardi, Eugene, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Brand Blvd  
 City Glendale State CA Zip Code 91203-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-13245-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Reedy, William, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 S Stapley Dr  
 City Mesa State AZ Zip Code 85204-6681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Urgent Care Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-4995-8-40**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Reeves, Andrew, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 Piedmont Rd NE  
 City Atlanta State GA Zip Code 30305-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12428-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Reinholz, Brett, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 W Monroe St  
 City Chicago State IL Zip Code 60661-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Administration Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3517-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Richards, Kimberly, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Account Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10278-8-40**  
 Amount of Each Receipt this Period 19.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.25
<b>TOTAL</b> 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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Richards, Thomas, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Strategy and Bus Developmt  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-575-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Rigg, Jeffrey, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-17997-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Riley, Catherine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Faber Place Dr  
 City Charleston State SC Zip Code 29405-8585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-1800-8-40**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ritchie, Kevin, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 E 45th St  
 City New York State NY Zip Code 10017-3144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Manager Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-730-8-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Robinson, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Griffin Rd N  
 City Windsor State CT Zip Code 06095-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Infrastructure Engineer Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-282-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Roche, John, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Comm Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-22605-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rose, Ruth, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 Nottingham Rd  
 City Westminster State MD Zip Code 21157-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22598-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Rottkamp, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Enterprise Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1639-8-40**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Russell, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Actuarial Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1654-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ryan, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Talent Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1455-8-40**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Saad, James, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 Dallas Pkwy  
 City Plano State TX Zip Code 75093-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10766-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Salmon, Richard, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1672-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.00
<b>TOTAL</b> 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 93 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sandberg, Jon, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Comm Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19873-8-40**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Sanders, Brent, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Spring Garden St  
 City Philadelphia State PA Zip Code 19130-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8607-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Sanford, Paul, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Operating Effectiveness  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7012-8-40**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 282.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sataline, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Chief Investment Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-397-8-40**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Savino, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Compliance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-547-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Scardellette, Frederick, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Provider Contracting Sr Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2497-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schaefer-Reid, Ann, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-30443-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Scheibe, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Treasury Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1217-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schmidt, Joni, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 Brun St  
 City Houston State TX Zip Code 77019-5713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9498-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schuster, Ann, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Clinical Program Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-28427-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Shepard, Kimberly, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 E High St  
 City Phoenix State AZ Zip Code 85054-5469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8176-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Sherman, Noel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Audit Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-455-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 130
	<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

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

**A. Sherry, Wendy, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 356.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1660-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Shrestha, Rajesh, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-16311-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Silvay, Kenneth, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Accounting Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1240.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-895-8-40**  
 Amount of Each Receipt this Period 62.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 112.00  
**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 98 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Skipwith, Marcus, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Chase Corporate Dr

City Hoover	State AL	Zip Code 35244-1016
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) App Development Sr Director
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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
10		06		2016

**Transaction ID : 20161004-29126-8-40**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Smith, Jay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

City Bloomfield	State CT	Zip Code 06002-2920
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Project Management 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
10		06		2016

**Transaction ID : 20161004-8957-8-40**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Smith, William, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

City Philadelphia	State PA	Zip Code 19192-0002
----------------------	-------------	------------------------

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

Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) Business Financial Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 20161004-6204-8-40**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 99 OF 130
	<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

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

**A. Smithberger, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9019-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Somers, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Actuarial Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-10093-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sprague, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19434-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 130
	<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

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

**A. Staines, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20316-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stapleton, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7555 Goodwin Rd  
 City Chattanooga State TN Zip Code 37421-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) HR Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-9090-8-40**  
 Amount of Each Receipt this Period 19.25  
 Memo Item

**C. Stasiuk, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Medical Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-1514-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steel, Craig, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Kemp Ave  
 City Fair Haven State NJ Zip Code 07704-3531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23704-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Stejskal, Taryn, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Leadership Dev Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-24760-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Stephens, Todd, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) App Development Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4335-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 130
	<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. Stepp, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4144 Central Ave  
 City Indianapolis State IN Zip Code 46205-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Account Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.61

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3488-8-40**  
 Amount of Each Receipt this Period 17.31  
 Memo Item

**B. Stevens, Kari, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-21313-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Subramanian, Harihara, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23276-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 130
	<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

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

**A. Sullivan, Daniel, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Corporate Centre Dr  
 City Franklin State TN Zip Code 37067-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-1411-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Sullivan, Gregory, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-9533-8-40**  
 Amount of Each Receipt this Period 26.93  
 Memo Item

**C. Sweeney, Paul, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2223 Washington St  
 City Newton State MA Zip Code 02462-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-12244-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Swinford, Shelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 439.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-3471-8-40**  
 Amount of Each Receipt this Period 22.07  
 Memo Item

**B. Sykes, Jan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25500 N Norterra Dr Bldg B  
 City Phoenix State AZ Zip Code 85085-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-7299-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Szable, Amy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38901 Detroit Rd  
 City Avon State OH Zip Code 44011-2160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Comm Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-3315-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Tanner, Neil, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-16264-8-40**  
 Amount of Each Receipt this Period  
 115.00  
 Memo Item

**B. Taylor, Nick, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 Brittany Ln  
 City Upper Arlington State OH Zip Code 43220-4074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics Manager  
 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-23716-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Terrill, Terry, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Human Resources Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-28333-8-40**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thackeray, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Corporate Centre Dr  
 City Franklin State TN Zip Code 37067-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-192-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Tindall, Jeffrey, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-9705-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Toole, Rhonda, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 Neighborhood Ln  
 City Ravenel State SC Zip Code 29470-3324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-3048-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 107 OF 130
	<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

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

**A. Track, Rowena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Digital Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-31246-8-40**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item

**B. Triplett, Michael, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 E Cary St  
 City Richmond State VA Zip Code 23219-4063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Regional Segment Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-622-8-40**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Ugel, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29185 Valley Oak Pl  
 City Santa Clarita State CA Zip Code 91390-4196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Provider Contracting 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  
 10 / 06 / 2016  
**Transaction ID : 20161004-3686-8-40**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 130
	<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

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

**A. Vancura, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35507 N Via Tramonto  
 City Phoenix State AZ Zip Code 85086-5516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-22769-8-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Vaslow, Alicia, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 Fairway Dr  
 City Towson State MD Zip Code 21286-7803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Benefits Strategy Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-28112-8-40**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Vayer, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1571 Sawgrass Corporate Pkwy  
 City Sunrise State FL Zip Code 33323-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna BEHAVIORAL HEALTH, INC. Occupation (for Individual) VP Total Health & Network Oper  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : 20161004-6954-8-40**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> 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 109 OF 130
	<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

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

**A. Velasquez, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11401 SW 40th St  
 City Miami State FL Zip Code 33165-3372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29592-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Venkatakrisnan, Ramesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Griffin Rd N  
 City Windsor State CT Zip Code 06095-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-7257-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Vinas, Martha, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 N Rocky Point Dr  
 City Rocky Point State FL Zip Code 33607-5917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19046-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wasden, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Big Bend Trl  
 City Sugar Hill State GA Zip Code 30518-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CIGNA HEALTHCARE OF GA, INC. Occupation (for Individual) Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-4495-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Wawrzon, Eric, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Great Circle Rd  
 City Nashville State TN Zip Code 37228-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-29774-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Welch, Peter, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Front St  
 City San Francisco State CA Zip Code 94111-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6758-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 111 OF 130
	<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. Wentling, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Marketing Product Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-30666-8-40**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. Westover, Peter, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Underwriting Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-23215-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wheatley, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 E Orchard Rd  
 City Greenwood Village State CO Zip Code 80111-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Senior Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-14600-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 130
	<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

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

**A. Williams, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-30345-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Wilson, Jenny, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Chestnut St  
 City Chattanooga State TN Zip Code 37402-4924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Underwriting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-3157-8-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Winkleblack, Grant, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-5126-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 130
	<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

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

**A. Wiss, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 S Bemiston Ave  
 City Clayton State MO Zip Code 63105-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-8048-8-40**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Wolfram, Bradley, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11200 Lakeline Blvd Ste 100  
 City Austin State TX Zip Code 78717-0083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1720.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-30240-8-40**  
 Amount of Each Receipt this Period 86.00  
 Memo Item

**C. Wray, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 W 79th St  
 City New York State NY Zip Code 10024-6445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Network Delivery Systems  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20556-8-40**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	301.00
<b>TOTAL</b> 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 115 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Yang, Bu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6720-8-40**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Yardley, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Griffin Rd N  
 City Windsor State CT Zip Code 06095-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-19263-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Young, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Informatics/Analytics Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-276-8-40**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 116 OF 130
	<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

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

**A. Young, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 Chestnut St # 2  
 City Philadelphia State PA Zip Code 19192-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Senior Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 340.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-2506-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Zach, David, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Heritage Ln  
 City Phoenixville State PA Zip Code 19460-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-22320-8-40**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Zammett, Mark, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Dir  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-6103-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 140.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Zank, Autumn, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Provider Contracting Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-12568-8-40**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Zaruba, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 Cottage Grove Rd  
 City Bloomfield State CT Zip Code 06002-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3080.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-20997-8-40**  
 Amount of Each Receipt this Period 154.00  
 Memo Item

**C. Zettle, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 20161004-21971-8-40**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 189.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 118 OF 130  
(check only one)

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zilberfarb, Stephen, C, ,**

Mailing Address **2701 N Rocky Point Dr**

City <b>Rocky Point</b>	State <b>FL</b>	Zip Code <b>33607-5917</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>LIFE INS. CO. OF NORTH AMERICA</b>	Occupation (for Individual) <b>Sales Director-Direct Sales</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**10 / 06 / 2016**

**Transaction ID : 20161004-7137-8-40**

Amount of Each Receipt this Period  
**20.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>20.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>17724.82</b>

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Becerra for Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 71584		FEC Identification Number C00264101 <b>Transaction ID : CEE4F36FA1</b> Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement 2016 General		011 Category/ Type
Candidate Name <b>Becerra, Xavier, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 34	

Full Name (Last, First, Middle Initial) <b>B. Bluegrass Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 228 S. Washington St., Ste. 115		FEC Identification Number C00235655 <b>Transaction ID : DEAEC39F8F</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314-5404
Purpose of Disbursement 2016 Contribution		011 Category/ Type
Candidate Name <b>Bluegrass Committee</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Blumenthal for Connecticut</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 777 Summer Street Ste 103 C/O Cacace Tusch & Santagata		FEC Identification Number C00492991 <b>Transaction ID : 06B6F10954:</b> Amount of Each Disbursement this Period 1000.00
City Stamford	State CT	Zip Code 06901
Purpose of Disbursement 2016 General		011 Category/ Type
Candidate Name <b>Blumenthal, Richard, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Connolly for Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 563		FEC Identification Number C 00044542 <b>Transaction ID : 3A10D34E09I</b>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement 2016 General	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Connolly, Gerald, E., ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 11	

Full Name (Last, First, Middle Initial) <b>B. Fearless PAC</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 37		FEC Identification Number C 000540955 <b>Transaction ID : FDD22FF107I</b>
City Boulder	State CO	Zip Code 80306
Purpose of Disbursement 2016 Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Fearless PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Friends of Schumer</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 192 Lexington Avenue Suite 1001		FEC Identification Number C 000346312 <b>Transaction ID : C7541867F1I</b>
City New York	State NY	Zip Code 10016
Purpose of Disbursement 2016 General	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Schumer, Charles, E., ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NY District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Gene Green Congressional Campaign</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 16128		FEC Identification Number C00254185 <b>Transaction ID : D776BDAA0I</b>
City Houston	State TX	Zip Code 77222
Purpose of Disbursement 2016 General		Category/Type 011
Candidate Name <b>Green, Raymond, Eugene, ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 29	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. IMPACT</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 192 Lexington Ave. Suite 1001		FEC Identification Number C00348607 <b>Transaction ID : 1A50CDC1CC</b>
City New York	State NY	Zip Code 10016
Purpose of Disbursement 2016 Contribution		Category/Type 011
Candidate Name <b>IMPACT</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. People for Ben</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 31129		FEC Identification Number C00443689 <b>Transaction ID : 60FBAB7B5:</b>
City Santa Fe	State NM	Zip Code 87594
Purpose of Disbursement 2016 General		Category/Type 011
Candidate Name <b>Lujan, Ben, Ray, ,</b>		Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 03	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Ryan for Congress, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 1488		FEC Identification Number C C00330894 <b>Transaction ID : 9D451557840</b> Amount of Each Disbursement this Period 5000.00
City Janesville	State WI	Zip Code 53547-1488
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name <b>Ryan, Paul, Davis, , Jr.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WI District: 01	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Tony Cardenas for Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 249 E. Ocean Blvd. Suite 685		FEC Identification Number C C00498873 <b>Transaction ID : 4F01CDAB5F</b> Amount of Each Disbursement this Period 1000.00
City Long Beach	State CA	Zip Code 90802
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name <b>Cardenas, Tony, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 29	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Upton for All of Us</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 490		FEC Identification Number C C00200584 <b>Transaction ID : 91DF3F1FE6</b> Amount of Each Disbursement this Period 5000.00
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name <b>Upton, Fredrick, Stephen, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 06	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Van Hollen for Senate</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	
Mailing Address 10605 Concord St Suite 202		FEC Identification Number <b>C</b> C00573758 <b>Transaction ID : B59EDA2CBF</b> Amount of Each Disbursement this Period 2500.00	
City Kensington	State MD	Zip Code 20895	Category/ Type 011
Purpose of Disbursement 2016 General		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>Van Hollen, Christopher, ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>B. Welch for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 05 / 2016	
Mailing Address PO Box 1682		FEC Identification Number <b>C</b> C00413179 <b>Transaction ID : A2F01A653F1</b> Amount of Each Disbursement this Period 1000.00	
City Burlington	State VT	Zip Code 05402	Category/ Type 011
Purpose of Disbursement 2016 General		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>Welch, Peter, Francis, ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	
Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number <b>C</b>	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Disbursement For:	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Memo Item <input type="checkbox"/>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. B. Glen Whitley for Tarrant County Judge**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 345 Charleston Place

M M M	/	D D D	/	Y Y Y Y Y
10		07		2016

City: Hurst State: TX Zip Code: 76054

FEC Identification Number

Purpose of Disbursement  
Nonfederal Contribution

C
---

Candidate Name

011
Category/ Type

Transaction ID : 5501A65E375

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

500.00
--------

Memo Item

**B. Baxley for Senate**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 303 Southeast 17th St - Ste 309-19

M M M	/	D D D	/	Y Y Y Y Y
10		07		2016

City: Ocala State: FL Zip Code: 34471

FEC Identification Number

Purpose of Disbursement  
Nonfederal Contribution

C
---

Candidate Name

011
Category/ Type

Transaction ID : 6EF9A846F00

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

1000.00
---------

Memo Item

**C. Citizens for Buck Newton**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2047

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

City: Wilson State: NC Zip Code: 27894

FEC Identification Number

Purpose of Disbursement  
Nonfederal Contribution

C
---

Candidate Name

011
Category/ Type

Transaction ID : 74E70172C9

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

1000.00
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Memo Item

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

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Curtis Hill for Indiana</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address PO Box 7		FEC Identification Number C [REDACTED] <b>Transaction ID : 6F5DB248F01</b> Amount of Each Disbursement this Period 1000.00
City Elkhart	State IN	Zip Code 46515
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elect Ellen Rosenblum for Attorney General</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address PO Box 42307		FEC Identification Number C [REDACTED] <b>Transaction ID : 94E62605C4A</b> Amount of Each Disbursement this Period 1000.00
City Portland	State OR	Zip Code 97242
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address PO Box 1330		FEC Identification Number C [REDACTED] <b>Transaction ID : F86D890D7F</b> Amount of Each Disbursement this Period 1000.00
City Helena	State MT	Zip Code 59624
Purpose of Disbursement Nonfederal Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hawley for Missouri**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1073

City Columbia State MO Zip Code 65205

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : 3B3F5D6842

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Hensley for Missouri**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 410070

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : CF2E6C86A4

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Josh Stein for Attorney General**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10382

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : BCABA2152

Amount of Each Disbursement this Period: 1000.00

Memo Item

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Justice for All**

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : D5282E59E5I

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Linda Stewart for Senate 13**

Full Name (Last, First, Middle Initial)

Mailing Address 4206 Inwood Landing Drive

City Orlando State FL Zip Code 32812

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : DF89453A663

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Missourians For Koster**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 440173

City St. Louis State MO Zip Code 63144

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : 7EFAC60D1E

Amount of Each Disbursement this Period: 1000.00

Memo Item

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Morrisey for WV**

Full Name (Last, First, Middle Initial)

Mailing Address 47 Wasser Drive

City Martinsburg State WV Zip Code 25403

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : CA7D4ED64C

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Randolph Bracy for Florida Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 521

City Ocoee State FL Zip Code 34761

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : 355218473F1:

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Rouson for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12745

City St. Petersburg State FL Zip Code 33733

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : 79083B5EAB

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Shapiro for Pennsylvania**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

Mailing Address PO Box 22635

FEC Identification Number

**C** [Redacted]  
**Transaction ID : 176B9909DBI**  
Amount of Each Disbursement this Period  
[Redacted] 1000.00

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Steube for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2016

Mailing Address PO Box 110713

FEC Identification Number

**C** [Redacted]  
**Transaction ID : F9ACD73647I**  
Amount of Each Disbursement this Period  
[Redacted] 1000.00

City Lakewood Ranch State FL Zip Code 34211

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Tim Fox for Attorney General**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

Mailing Address PO Box 1598

FEC Identification Number

**C** [Redacted]  
**Transaction ID : 7FC6F4AE48**  
Amount of Each Disbursement this Period  
[Redacted] 1000.00

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

[Redacted] 3000.00  
[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Victor M. Torres, Jr for FL SD 15**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Mailing Address PO Box 141098

City Orlando State FL Zip Code 32814

Purpose of Disbursement  
Nonfederal Contribution

011
Category/ Type

FEC Identification Number

C
Transaction ID : D3AE4844E3.
Amount of Each Disbursement this Period
1000.00

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
Amount of Each Disbursement this Period
<input type="checkbox"/> Memo Item

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
Amount of Each Disbursement this Period
<input type="checkbox"/> Memo Item

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

1000.00
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**TOTAL** This Period (last page this line number only).....▶

18500.00
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