

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) Two Liberty Place  
1601 Chestnut St-TL16B  
 Check if different than previously reported. (ACC)  
Philadelphia PA 19192

2. **FEC IDENTIFICATION NUMBER** C00085316  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 12 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Thomas A. McCarthy

Signature of Treasurer Electronically Filed by Thomas A. McCarthy Date 01 25 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23497.58
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	52605.01									
(c) Total Receipts (from Line 19) .....	14716.26	194343.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67321.27	217841.27								
7. Total Disbursements (from Line 31) .....	21800.00	172320.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45521.27	45521.27								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10458.45	88261.14
(ii) Unitemized .....	4257.81	106082.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14716.26	194343.69
(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) .....	14716.26	194343.69
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14716.26	194343.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14716.26	194343.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2570.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2570.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9400.00	141400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	20.00
(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	20.00
29. Other Disbursements.....	12400.00	28330.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21800.00	172320.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21800.00	172320.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14716.26	194343.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14716.26	194323.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2570.00
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	2570.00

**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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael B. Alexander	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 128 East 15th Street	<b>Transaction ID:</b> 20091208-14810-13-24
	City State Zip Code Ship Bottom NJ 08008	Amount of Each Receipt this Period 26.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CBH Provider Oversight Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.18	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael B. Alexander	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 128 East 15th Street	<b>Transaction ID:</b> 20091221-14740-23-35
	City State Zip Code Ship Bottom NJ 08008	Amount of Each Receipt this Period 26.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CBH Provider Oversight Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Allison	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 10636 N 11th St	<b>Transaction ID:</b> 20091208-6470-13-24
	City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Cardiologist (Invasive)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	63.86
<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: <span style="float: right;">PAGE 7 / 189</span>
	(check only one)
<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"/>	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Allison	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 10636 N 11th St	<b>Transaction ID:</b> 20091221-6449-23-35
	City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Cardiologist (Invasive)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann H. Asbaty	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 3 Huntington Dr	<b>Transaction ID:</b> 20091208-362-13-24
	City State Zip Code Randolph NJ 07869	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ann H. Asbaty	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 3 Huntington Dr	<b>Transaction ID:</b> 20091221-361-23-35
	City State Zip Code Randolph NJ 07869	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	48.50
<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: PAGE 8 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William L. Atwell

Mailing Address 50 South 16 Street---Apt 4008

City Philadelphia State PA Zip Code 19102

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President International

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-11922-13-24

Amount of Each Receipt this Period 192.00

**B.**

Full Name (Last, First, Middle Initial)  
William L. Atwell

Mailing Address 50 South 16 Street---Apt 4008

City Philadelphia State PA Zip Code 19102

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President International

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-11870-23-35

Amount of Each Receipt this Period 192.00

**C.**

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

Mailing Address 166 Wildflower Cir

City Westfield State MA Zip Code 01085

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-2016-13-24

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **394.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jacquelyn A. Aube	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 166 Wildflower Cir	<b>Transaction ID:</b> 20091221-2010-23-35
	City State Zip Code Westfield MA 01085	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Austin	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 394 W Remington Dr	<b>Transaction ID:</b> 20091208-6581-13-24
	City State Zip Code Chandler AZ 85248	Amount of Each Receipt this Period 50.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation General Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1356.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Austin	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 394 W Remington Dr	<b>Transaction ID:</b> 20091221-6560-23-35
	City State Zip Code Chandler AZ 85248	Amount of Each Receipt this Period 50.86
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation General Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1356.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	111.72
<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 10 / 189

(check only one)

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

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

**A.**

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

Mailing Address 10558 Fox Forest Dr

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Senior Sales Representative  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-4897-13-24

Amount of Each Receipt this Period

10.00

**B.**

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

Mailing Address 10558 Fox Forest Dr

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Senior Sales Representative  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-4883-23-35

Amount of Each Receipt this Period

10.00

**C.**

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

Mailing Address 2632 Lovejoy Cir

City State Zip Code  
Duluth GA 30097

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

Name of Employer Occupation  
CHC Contracting and Network De Provider Contracting Senior Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-14896-13-24

Amount of Each Receipt this Period

85.00

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

105.00

**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 11 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

W. Barksdale

Mailing Address 2632 Lovejoy Cir

City State Zip Code  
Duluth GA 30097

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

Name of Employer Occupation  
CHC Contracting and Network De Provider Contracting Senior Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-14826-23-35

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Rosemary B. Bartley

Mailing Address Po Box 9153

City State Zip Code  
North Saint Paul MN 55109

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

Name of Employer Occupation  
CIGNA BEHAVIORAL HEALTH, INC. Business Project Senior Spec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-7211-13-24

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemary B. Bartley

Mailing Address Po Box 9153

City State Zip Code  
North Saint Paul MN 55109

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

Name of Employer Occupation  
CIGNA BEHAVIORAL HEALTH, INC. Business Project Senior Spec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-7188-23-35

Amount of Each Receipt this Period

15.00

**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: PAGE 12 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie Bellamy

Mailing Address 7260 Wissahickon Avenue

City Philadelphia State PA Zip Code 19119

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

Name of Employer: FIN Corp Development Occupation: Financial Analysis Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 10 / 2009

Transaction ID: 20091208-3688-13-24

Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie Bellamy

Mailing Address 7260 Wissahickon Avenue

City Philadelphia State PA Zip Code 19119

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

Name of Employer: FIN Corp Development Occupation: Financial Analysis Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 24 / 2009

Transaction ID: 20091221-3675-23-35

Amount of Each Receipt this Period: 25.00

**C.**

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

Mailing Address 10 Brookview Cir

City Windsor Locks State CT Zip Code 06096

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

Name of Employer: CIGNA CORPORATION Occupation: Treasury Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 10 / 2009

Transaction ID: 20091208-1886-13-24

Amount of Each Receipt this Period: 10.00

**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: PAGE 13 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John M. Belsen

Mailing Address 10 Brookview Cir

City Windsor Locks State CT Zip Code 06096

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

Name of Employer CIGNA CORPORATION Occupation Treasury Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1880-23-35

Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Jodi M. Berry

Mailing Address 179 McIntosh Circle

City Jackson State GA Zip Code 30233

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.66

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-8386-13-24

Amount of Each Receipt this Period 13.21

**C.** Full Name (Last, First, Middle Initial)  
Jodi M. Berry

Mailing Address 179 McIntosh Circle

City Jackson State GA Zip Code 30233

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.66

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-8356-23-35

Amount of Each Receipt this Period 7.41

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.62

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gail M. Billet

Mailing Address 55 Terry Road

City State Zip Code  
Hartford CT 06105

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Account Manager-National Accounts  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2259-13-24

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Gail M. Billet

Mailing Address 55 Terry Road

City State Zip Code  
Hartford CT 06105

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Account Manager-National Accounts  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2252-23-35

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Kim Bimestefer

Mailing Address 11 Colts Run Rd

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE General Manager  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-10408-13-24

Amount of Each Receipt this Period

25.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Kim Bimestefer

Mailing Address 11 Colts Run Rd

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE General Manager  
CO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-10364-23-35

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia A. Blaney

Mailing Address 125 Running Creek Church Road

City State Zip Code  
Locust NC 28097

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Service Senior Specialist  
CO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-4135-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia A. Blaney

Mailing Address 125 Running Creek Church Road

City State Zip Code  
Locust NC 28097

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Service Senior Specialist  
CO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-4123-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **45.00**

**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 16 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City State Zip Code  
Glendale AZ 85308

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

Name of Employer: CIGNA HEALTHCARE OF AZ, INC  
Occupation: Otolaryngologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 573.04

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-7378-13-24  
Amount of Each Receipt this Period: 22.04

**B.**

Full Name (Last, First, Middle Initial)  
Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City State Zip Code  
Glendale AZ 85308

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

Name of Employer: CIGNA HEALTHCARE OF AZ, INC  
Occupation: Otolaryngologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 573.04

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-7355-23-35  
Amount of Each Receipt this Period: 22.04

**C.**

Full Name (Last, First, Middle Initial)  
Susan J. Bousquet

Mailing Address 3390 Johnston Rd

City State Zip Code  
Winston GA 30187

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-2307-13-24  
Amount of Each Receipt this Period: 9.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **53.08**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Susan J. Bousquet

Mailing Address 3390 Johnston Rd

City State Zip Code  
Winston GA 30187

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2300-23-35

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth T. Bowden

Mailing Address 65 Satari Dr

City State Zip Code  
Coventry CT 06238

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

Name of Employer  
CIGNA CORPORATION

Occupation  
Association Chief Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2254-13-24

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth T. Bowden

Mailing Address 65 Satari Dr

City State Zip Code  
Coventry CT 06238

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

Name of Employer  
CIGNA CORPORATION

Occupation  
Association Chief Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2247-23-35

Amount of Each Receipt this Period

10.00

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

29.00

**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 18 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brett C. Browchuk	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 385 Deercliff Road	<b>Transaction ID:</b> 20091208-17050-13-24
	City Avon      State CT      Zip Code 06001	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA Corporation	Occupation Svp Service Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2254.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brett C. Browchuk	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 385 Deercliff Road	<b>Transaction ID:</b> 20091221-16963-23-35
	City Avon      State CT      Zip Code 06001	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA Corporation	Occupation Svp Service Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2254.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Brown	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 405 W Kings Ave	<b>Transaction ID:</b> 20091208-7367-13-24
	City Phoenix      State AZ      Zip Code 85023	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>202.00</b>
<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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia Brown	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 405 W Kings Ave	<b>Transaction ID:</b> 20091221-7344-23-35
	City State Zip Code Phoenix AZ 85023	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly K. Brundin	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 610 Meadowview Ct	<b>Transaction ID:</b> 20091221-3692-23-35
	City State Zip Code Maple Glen PA 19002	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Financial Analysis Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey A. Brunetti	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 1 Highbridge Blvd	<b>Transaction ID:</b> 20091221-2428-23-35
	City State Zip Code Medford NJ 08055	Amount of Each Receipt this Period 7.70
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA CORPORATION	Occupation Tax Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25.70
<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 20 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Cheryl B. Bruning  
 Mailing Address 909 Lower Mill Road  
 City Hixson State TN Zip Code 37343  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-5052-23-35  
 Amount of Each Receipt this Period 8.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Architecture Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

**B.** Full Name (Last, First, Middle Initial)  
Zigmund R. Brzezinski  
 Mailing Address 15 Olden Dr  
 City Flemington State NJ Zip Code 08822  
 Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-3137-13-24  
 Amount of Each Receipt this Period 14.96  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.15

**C.** Full Name (Last, First, Middle Initial)  
Zigmund R. Brzezinski  
 Mailing Address 15 Olden Dr  
 City Flemington State NJ Zip Code 08822  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-3127-23-35  
 Amount of Each Receipt this Period 14.96  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.15

**SUBTOTAL** of Receipts This Page (optional) ..... ► 37.92  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
M. Buckley

Mailing Address 3651 N Leavitt St

City Chicago State IL Zip Code 60618

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.81

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-5341-13-24

Amount of Each Receipt this Period 9.62

**B.**

Full Name (Last, First, Middle Initial)  
M. Buckley

Mailing Address 3651 N Leavitt St

City Chicago State IL Zip Code 60618

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.81

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-5326-23-35

Amount of Each Receipt this Period 9.62

**C.**

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

Mailing Address 611 Shipton Lane

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer CIGNA Internation Occupation Vice President Bfo International

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 754.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-16680-13-24

Amount of Each Receipt this Period 29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.24**

**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 22 / 189  
(check only one)

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

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

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

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

Mailing Address 611 Shipton Lane

City State Zip Code  
Bryn Mawr PA 19010

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

Name of Employer Occupation  
CIGNA Internation Vice President Bfo International

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 754.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-16597-23-35

Amount of Each Receipt this Period  
29.00

**B.** Full Name (Last, First, Middle Initial)  
Jo Burdek

Mailing Address 240 Sand Key Estates Dr # 78

City State Zip Code  
Clearwater FL 33767

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-4878-13-24

Amount of Each Receipt this Period  
9.00

**C.** Full Name (Last, First, Middle Initial)  
Jo Burdek

Mailing Address 240 Sand Key Estates Dr # 78

City State Zip Code  
Clearwater FL 33767

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-4864-23-35

Amount of Each Receipt this Period  
9.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **47.00**

**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 23 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephanie Byrne  
Mailing Address 8 Cleary Ln  
City Windsor State CT Zip Code 06095  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Actuarial Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-99-23-35  
Amount of Each Receipt this Period 8.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis F. Cain  
Mailing Address 216 Lorraine Ave  
City Oreland State PA Zip Code 19075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Compliance Specialist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 234.26  
Date of Receipt 12 / 10 / 2009  
Transaction ID: 20091208-2821-13-24  
Amount of Each Receipt this Period 9.01

**C.** Full Name (Last, First, Middle Initial)  
Dennis F. Cain  
Mailing Address 216 Lorraine Ave  
City Oreland State PA Zip Code 19075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Compliance Specialist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 234.26  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-2814-23-35  
Amount of Each Receipt this Period 9.01

**SUBTOTAL** of Receipts This Page (optional) ..... ► 26.02  
**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 24 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory Cain

Mailing Address 3802 Highland Dr

City State Zip Code  
Garnet Valley PA 19060

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 287.30

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

**Transaction ID:** 20091208-10060-13-24

Amount of Each Receipt this Period  
11.05

**B.** Full Name (Last, First, Middle Initial)  
Gregory Cain

Mailing Address 3802 Highland Dr

City State Zip Code  
Garnet Valley PA 19060

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 287.30

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

**Transaction ID:** 20091221-10021-23-35

Amount of Each Receipt this Period  
11.05

**C.** Full Name (Last, First, Middle Initial)  
Rudolph C. Cane

Mailing Address 4619 E White Aster St

City State Zip Code  
Phoenix AZ 85044

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

Name of Employer Occupation  
CIGNA HEALTHCARE OF AZ, INC Medical Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

**Transaction ID:** 20091208-3694-13-24

Amount of Each Receipt this Period  
19.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **41.35**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rudolph C. Cane	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 4619 E White Aster St	<b>Transaction ID:</b> 20091221-3681-23-35
	City State Zip Code Phoenix AZ 85044	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) John S. Cantrell	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 415 Spanish Moss Court	<b>Transaction ID:</b> 20091208-6868-13-24
	City State Zip Code Coppell TX 75019	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Corporate Security Senior Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John S. Cantrell	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 415 Spanish Moss Court	<b>Transaction ID:</b> 20091221-6847-23-35
	City State Zip Code Coppell TX 75019	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Corporate Security Senior Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	39.25
<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: PAGE 26 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James R. Carey  
Mailing Address 6 Sugar Hollow Ln  
City State Zip Code  
West Simsbury CT 06092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Account Director  
CO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9  
Transaction ID: 20091221-905-23-35  
Amount of Each Receipt this Period  
8.00

**B.** Full Name (Last, First, Middle Initial)  
William C. Carlson  
Mailing Address 70 Waterside Lane  
City State Zip Code  
West Hartford CT 06107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Real Estate Senior Managing Director  
CO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9  
Transaction ID: 20091208-813-13-24  
Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
William C. Carlson  
Mailing Address 70 Waterside Lane  
City State Zip Code  
West Hartford CT 06107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Real Estate Senior Managing Director  
CO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9  
Transaction ID: 20091221-809-23-35  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 58.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth B. Carter	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2160 El Cajonita Dr	<b>Transaction ID:</b> 20091208-7789-13-24
	City State Zip Code La Habra Heights CA 90631	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth B. Carter	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 2160 El Cajonita Dr	<b>Transaction ID:</b> 20091221-7761-23-35
	City State Zip Code La Habra Heights CA 90631	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles R. Catalano	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 28 William Penn Rd	<b>Transaction ID:</b> 20091208-1975-13-24
	City State Zip Code Warren NJ 07059	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	34.24
<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 28 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Charles R. Catalano

Mailing Address 28 William Penn Rd

City Warren State NJ Zip Code 07059

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1969-23-35

Amount of Each Receipt this Period 15.00

**B.** Full Name (Last, First, Middle Initial)  
W. Cetti

Mailing Address 7650 S Newport Ct

City Centennial State CO Zip Code 80112

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-8415-13-24

Amount of Each Receipt this Period 9.00

**C.** Full Name (Last, First, Middle Initial)  
W. Cetti

Mailing Address 7650 S Newport Ct

City Centennial State CO Zip Code 80112

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-8383-23-35

Amount of Each Receipt this Period 9.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 33.00

**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 29 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Clement J. Cheng

Mailing Address 517 Wildflower Ln

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Human Resources Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10251-13-24

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Clement J. Cheng

Mailing Address 517 Wildflower Ln

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Human Resources Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10207-23-35

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Karen Choti-McConnel

Mailing Address 8 Carriage Hill Dr

City State Zip Code  
Wolcott CT 06716

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

Name of Employer Occupation  
CIGNA CORPORATION Treasury Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-9188-13-24

Amount of Each Receipt this Period  
8.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► **48.17**

**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 30 / 189  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Karen Choti-McConnel

Mailing Address 8 Carriage Hill Dr

City Wolcott State CT Zip Code 06716

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

Name of Employer CIGNA CORPORATION Occupation Treasury Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.42

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-9154-23-35  
 Amount of Each Receipt this Period 8.17

**B.** Full Name (Last, First, Middle Initial)  
Kenneth W. Claar

Mailing Address 1566 Bustleton Pike

City Southampton State PA Zip Code 18966

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-3089-23-35  
 Amount of Each Receipt this Period 8.00

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

Mailing Address 2 Reed Hill Rd

City Granby State CT Zip Code 06035

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

Name of Employer CIGNA CORPORATION Occupation Vice President Coli

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-434-13-24  
 Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 106.17

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

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

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

FOR LINE NUMBER: PAGE 31 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2 Reed Hill Rd

City State Zip Code  
Granby CT 06035

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

Name of Employer Occupation  
CIGNA CORPORATION Vice President Coli

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-432-23-35

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
Loretta M. Clifford

Mailing Address 722 Zubal Rd

City State Zip Code  
Apollo PA 15613

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM-ERICA Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2829-23-35

Amount of Each Receipt this Period  
7.70

**C.** Full Name (Last, First, Middle Initial)  
Stuart J. Cohen

Mailing Address 99 Hummingbird Dr

City State Zip Code  
Berlin CT 06037

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM-ERICA Learning Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-13945-13-24

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 117.70

**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 32 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stuart J. Cohen

Mailing Address 99 Hummingbird Dr

City State Zip Code  
Berlin CT 06037

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Learning Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-13883-23-35

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
David M. Cordani

Mailing Address 32 Lucy Way

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-529-13-24

Amount of Each Receipt this Period  
155.00

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

Mailing Address 32 Lucy Way

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-526-23-35

Amount of Each Receipt this Period  
155.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 330.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 189
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial) Alice Cotti		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 1346 N Columbus Ave #8		<b>Transaction ID:</b> 20091208-13614-13-24
City Glendale	State CA	Zip Code 91202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Group Claims Senior Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Alice Cotti		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 1346 N Columbus Ave #8		<b>Transaction ID:</b> 20091221-13552-23-35
City Glendale	State CA	Zip Code 91202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Group Claims Senior Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Henri R. Courand		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 28150 North Alma School Parkwa		<b>Transaction ID:</b> 20091208-8383-13-24
City Scottsdale	State AZ	Zip Code 85262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Strat and Business Develop Senior Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<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 34 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Henri R. Courand

Mailing Address 28150 North Alma School Parkwa

City State Zip Code  
Scottsdale AZ 85262

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Strat and Business Develop Senior Dire  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-8353-23-35

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10934-13-24

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10885-23-35

Amount of Each Receipt this Period  
20.00

**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: PAGE 35 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Kimberly Crain		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 7219 Morning Dove Loop E		<b>Transaction ID:</b> 20091208-5308-13-24
City Lakeland	State FL	Zip Code 33809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 7.40
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.53	

**B.**

Full Name (Last, First, Middle Initial) Kimberly Crain		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 7219 Morning Dove Loop E		<b>Transaction ID:</b> 20091221-5293-23-35
City Lakeland	State FL	Zip Code 33809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.24
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.53	

**C.**

Full Name (Last, First, Middle Initial) Stephen W. Crawford		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 216 B Avenue		<b>Transaction ID:</b> 20091208-16370-13-24
City Coronado	State CA	Zip Code 92118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.25
Name of Employer CHC Lifesource	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>38.89</b>
<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 36 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen W. Crawford

Mailing Address 216 B Avenue

City State Zip Code  
Coronado CA 92118

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

Name of Employer Occupation  
CHC Lifesource Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-16288-23-35

Amount of Each Receipt this Period  
19.25

**B.**

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

Mailing Address 323 Turtle Trl

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Rvp Segment Lead  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10244-13-24

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 323 Turtle Trl

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Rvp Segment Lead  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10200-23-35

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **69.25**

**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: PAGE 37 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Donald M. Curry

Mailing Address 56 Harvard Ln

City Bedford State NH Zip Code 03110

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-12400-13-24

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald M. Curry

Mailing Address 56 Harvard Ln

City Bedford State NH Zip Code 03110

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-12347-23-35

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey W. DaCosta

Mailing Address 124 East Wilson Avenue

City Moorestown State NJ Zip Code 08057

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Strategic Sourcing Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-2348-23-35

Amount of Each Receipt this Period 7.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► 47.70

**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 38 / 189

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristin Damato		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 2610 John Marshall Drive North		<b>Transaction ID:</b> 20091208-2880-13-24		
	City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CIGNA CORPORATION	Occupation Government Affairs Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristin Damato		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 2610 John Marshall Drive North		<b>Transaction ID:</b> 20091221-2873-23-35		
	City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CIGNA CORPORATION	Occupation Government Affairs Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Johannes M. De Jong		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 6122 Mccallum St		<b>Transaction ID:</b> 20091208-255-13-24		
	City Philadelphia	State PA	Zip Code 19144	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CIGNA CORPORATION	Occupation Vice President Chief Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

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

55.00

**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 39 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Johannes M. De Jong		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 6122 Mccallum St		<b>Transaction ID:</b> 20091221-254-23-35
City Philadelphia	State PA	Zip Code 19144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CIGNA CORPORATION	Occupation Vice President Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) Christopher De Rosa		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 7216 E Magdalena Dr		<b>Transaction ID:</b> 20091208-1890-13-24
City Orange	State CA	Zip Code 92867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Christopher De Rosa		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 7216 E Magdalena Dr		<b>Transaction ID:</b> 20091221-1884-23-35
City Orange	State CA	Zip Code 92867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>45.00</b>
<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 40 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Maryann P. Depreaux

Mailing Address 57 Silo Dr

City Wethersfield State CT Zip Code 06109

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Investment Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1468-23-35

Amount of Each Receipt this Period 7.70

**B.** Full Name (Last, First, Middle Initial)  
Edwin J. Detrick

Mailing Address 17 Swallow Rd

City Holland State PA Zip Code 18966

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

Name of Employer CIGNA CORPORATION Occupation Vice President Investor Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-2990-13-24

Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Edwin J. Detrick

Mailing Address 17 Swallow Rd

City Holland State PA Zip Code 18966

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

Name of Employer CIGNA CORPORATION Occupation Vice President Investor Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-2981-23-35

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 47.70

**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 41 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 1901 E Royal Palm Rd

City State Zip Code  
Phoenix AZ 85020

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.19

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-32-13-24  
Amount of Each Receipt this Period: 6.25

**B.**

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

Mailing Address 1901 E Royal Palm Rd

City State Zip Code  
Phoenix AZ 85020

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.19

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-32-23-35  
Amount of Each Receipt this Period: 6.25

**C.**

Full Name (Last, First, Middle Initial)  
Nally Dookwah-Abrams

Mailing Address 7651 Nw 120th Dr

City State Zip Code  
Parkland FL 33076

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

Name of Employer: CIGNA DENTAL HEALTH, INC.  
Occupation: Marketing Comm Senior Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.42

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-11400-13-24  
Amount of Each Receipt this Period: 8.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20.67**

**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 42 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Nally Dookwah-Abrams

Mailing Address 7651 Nw 120th Dr

City State Zip Code  
Parkland FL 33076

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

Name of Employer Occupation  
CIGNA DENTAL HEALTH, INC. Marketing Comm Senior Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-11351-23-35

Amount of Each Receipt this Period  
8.17

**B.**

Full Name (Last, First, Middle Initial)  
Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City State Zip Code  
Wylie TX 75098

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Fraud Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-12251-13-24

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City State Zip Code  
Wylie TX 75098

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Fraud Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-12199-23-35

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **38.17**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward L. Du Brow		Date of Receipt
	Mailing Address 38 W Hayward Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-1547-13-24
Name of Employer CIGNA HEALTHCARE OF AZ, INC		Occupation Internal Medicine	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 10.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward L. Du Brow		Date of Receipt
	Mailing Address 38 W Hayward Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-1541-23-35
Name of Employer CIGNA HEALTHCARE OF AZ, INC		Occupation Internal Medicine	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 10.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew M. Dunn		Date of Receipt
	Mailing Address 46 Mountain View Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	West Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-873-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Underwriting Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 30.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 / 189

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Andrew M. Dunn

Mailing Address 46 Mountain View Dr

City State Zip Code  
West Hartford CT 06117

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Underwriting Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-869-23-35

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Karen A. Easterly-Behrens

Mailing Address 18332 Meridian Ave N

City State Zip Code  
Shoreline WA 98133

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

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
Nurse Case Manager Senior Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-3720-13-24

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Karen A. Easterly-Behrens

Mailing Address 18332 Meridian Ave N

City State Zip Code  
Shoreline WA 98133

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

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation  
Nurse Case Manager Senior Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-3707-23-35

Amount of Each Receipt this Period

10.00

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

30.00

**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: <span style="float: right;">PAGE 45 / 189</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daryl W. Edmonds</p> <p>Mailing Address 9211 Sand Hill St</p> <hr/> <p>City State Zip Code Highlands Ranch CO 80126</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE General Manager CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 10 / 2009</p> <p><b>Transaction ID:</b> 20091208-7444-13-24</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Daryl W. Edmonds</p> <p>Mailing Address 9211 Sand Hill St</p> <hr/> <p>City State Zip Code Highlands Ranch CO 80126</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE General Manager CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 24 / 2009</p> <p><b>Transaction ID:</b> 20091221-7421-23-35</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) John G. Eisele</p> <p>Mailing Address 17 Hillyer Way</p> <hr/> <p>City State Zip Code Granby CT 06035</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE Real Estate Managing Director CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">286.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 10 / 2009</p> <p><b>Transaction ID:</b> 20091208-5490-13-24</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">11.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">61.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 189
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
John G. Eisele

Mailing Address 17 Hillyer Way

City State Zip Code  
Granby CT 06035

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO  
Occupation  
Real Estate Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-5475-23-35

Amount of Each Receipt this Period  
11.00

**B.** Full Name (Last, First, Middle Initial)  
Leeanne Engels

Mailing Address 8 Sunset Trl

City State Zip Code  
Avon CT 06001

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO  
Occupation  
Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-1527-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Leeanne Engels

Mailing Address 8 Sunset Trl

City State Zip Code  
Avon CT 06001

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO  
Occupation  
Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1521-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **31.00**

**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 47 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Cheryl Ann Englert

Mailing Address 15615 Lemon Fish Drive

City State Zip Code  
Lakewood Ranch FL 34202

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

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Business Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.48

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-4624-23-35

Amount of Each Receipt this Period  
7.98

**B.**

Full Name (Last, First, Middle Initial)  
Beverly J. Everett

Mailing Address 8228 Academy Rd

City State Zip Code  
Ellicott City MD 21043

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

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Medical Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-113-13-24

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Beverly J. Everett

Mailing Address 8228 Academy Rd

City State Zip Code  
Ellicott City MD 21043

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

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Medical Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-113-23-35

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **47.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kimberly Feltovic

Mailing Address 905 S. 2nd Street

City State Zip Code  
Philadelphia PA 19147

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

Name of Employer Occupation  
CHC Sales Effectives Staf- Account Director  
fing

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-14943-13-24

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)  
Kimberly Feltovic

Mailing Address 905 S. 2nd Street

City State Zip Code  
Philadelphia PA 19147

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

Name of Employer Occupation  
CHC Sales Effectives Staf- Account Director  
fing

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-14873-23-35

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)  
Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code  
Columbia CT 06237

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2194-13-24

Amount of Each Receipt this Period

20.00

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

58.50

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

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

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

FOR LINE NUMBER: PAGE 49 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code  
Columbia CT 06237

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2187-23-35

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)

David Ferriss

Mailing Address 7 Woods Lane

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Medical Officer  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-9530-13-24

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)

David Ferriss

Mailing Address Arden Place # 254

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Medical Officer  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-9494-23-35

Amount of Each Receipt this Period  
25.00

**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: PAGE 50 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Scott M. Filiault  
 Mailing Address 135 Timrod Rd  
 City Manchester State CT Zip Code 06040  
 Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-265-13-24  
 Amount of Each Receipt this Period 20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

**B.** Full Name (Last, First, Middle Initial)  
Scott M. Filiault  
 Mailing Address 135 Timrod Rd  
 City Manchester State CT Zip Code 06040  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-264-23-35  
 Amount of Each Receipt this Period 20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

**C.** Full Name (Last, First, Middle Initial)  
David Fisher  
 Mailing Address 1012 Balsam Dr  
 City Washington State PA Zip Code 15301  
 Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-12503-13-24  
 Amount of Each Receipt this Period 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Service Senior Specialist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Fisher		Date of Receipt
	Mailing Address 1012 Balsam Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Washington	PA	15301
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-12449-23-35
Name of Employer INT'L REHAB. ASSOCIATES, INC.		Occupation Service Senior Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 10.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan P. Fitzpatrick		Date of Receipt
	Mailing Address 116 E Walnut St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Long Beach	NY	11561
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-1881-23-35
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Provider Contracting Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00	<input type="text"/> 8.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Laurel A. Flebotte		Date of Receipt
	Mailing Address 13801 Sw 26th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Davie	FL	33325
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-372-23-35
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation App Development Senior Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.20	<input type="text"/> 7.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 25.70
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 52 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Robert C. Flores

Mailing Address 6437 W. Voltaire Dr

City State Zip Code  
Glendale AZ 85304

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

Name of Employer Occupation  
CIGNA HEALTHCARE OF AZ, INC Medical Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2009

**Transaction ID:** 20091208-11014-13-24

Amount of Each Receipt this Period  
9.62

**B.** Full Name (Last, First, Middle Initial)  
Robert C. Flores

Mailing Address 6437 W. Voltaire Dr

City State Zip Code  
Glendale AZ 85304

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

Name of Employer Occupation  
CIGNA HEALTHCARE OF AZ, INC Medical Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2009

**Transaction ID:** 20091221-10964-23-35

Amount of Each Receipt this Period  
9.62

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

Mailing Address 5 Brighton Ln

City State Zip Code  
Simsbury CT 06070

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2009

**Transaction ID:** 20091208-1027-13-24

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **109.24**

**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 53 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Richard H. Forde

Mailing Address 5 Brighton Ln

City State Zip Code  
Simsbury CT 06070

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Svp Chief Investment Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-1022-23-35

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Charles S. Foreman

Mailing Address 6104 St. Andrews Way

City State Zip Code  
Hixson TN 37343

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

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Medical Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-6420-23-35

Amount of Each Receipt this Period

8.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory M. Fox

Mailing Address 50 Southport Pl.

City State Zip Code  
Southport CT 06890

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Sales Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-525-13-24

Amount of Each Receipt this Period

10.00

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

108.00

**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 54 / 189

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory M. Fox		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 50 Southport Pl.		<b>Transaction ID:</b> 20091221-522-23-35		
	City Southport	State CT	Zip Code 06890	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Sales Manager-National Accounts		Aggregate Year-to-Date 260.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert S. Fry		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 1004 Beech Bay Rd		<b>Transaction ID:</b> 20091208-3375-13-24		
	City Poplar Grove	State IL	Zip Code 61065	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Sales Director-Sales Mgt		Aggregate Year-to-Date 520.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert S. Fry		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 1004 Beech Bay Rd		<b>Transaction ID:</b> 20091221-3365-23-35		
	City Poplar Grove	State IL	Zip Code 61065	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Sales Director-Sales Mgt		Aggregate Year-to-Date 520.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50.00</b>
<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 55 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Garvey

Mailing Address 31 Lakeshore Dr

City State Zip Code  
Rockaway NJ 07866

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2365-13-24

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Garvey

Mailing Address 31 Lakeshore Dr

City State Zip Code  
Rockaway NJ 07866

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2358-23-35

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)  
Steven W. Geltmaker

Mailing Address 4561 E Tierra Buena Ln

City State Zip Code  
Phoenix AZ 85032

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Underwriting Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-5000-13-24

Amount of Each Receipt this Period

9.17

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

47.67

**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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven W. Geltmaker	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 4561 E Tierra Buena Ln	<b>Transaction ID:</b> 20091221-4985-23-35
	City State Zip Code Phoenix AZ 85032	Amount of Each Receipt this Period 9.17
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Underwriting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.42	

<b>B.</b>	Full Name (Last, First, Middle Initial) David J. Giannoni	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2030 James Farm Rd	<b>Transaction ID:</b> 20091208-4796-13-24
	City State Zip Code Stratford CT 06614	Amount of Each Receipt this Period 6.73
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.23	

<b>C.</b>	Full Name (Last, First, Middle Initial) David J. Giannoni	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 2030 James Farm Rd	<b>Transaction ID:</b> 20091221-4782-23-35
	City State Zip Code Stratford CT 06614	Amount of Each Receipt this Period 6.73
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.23	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>22.63</b>
<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 57 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Gilmore

Mailing Address 8409 Newbold Ln

City State Zip Code  
Laverock PA 19038

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-3575-23-35

Amount of Each Receipt this Period  
8.00

**B.** Full Name (Last, First, Middle Initial)  
Gerrienne Goff

Mailing Address 2640 S Oak Knoll Ave

City State Zip Code  
San Marino CA 91108

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Service Senior Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-4829-23-35

Amount of Each Receipt this Period  
8.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald J. Goglia

Mailing Address 2063 Sherbrooke Dr

City State Zip Code  
Bethlehem PA 18015

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Technical Support Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2624-23-35

Amount of Each Receipt this Period  
7.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► **23.70**

**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 58 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Laurie A. Gondek

Mailing Address 9 Delbon Ln

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Marketing Product Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-820-13-24

Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Laurie A. Gondek

Mailing Address 9 Delbon Ln

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Marketing Product Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-816-23-35

Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
Paul J. Gontarek

Mailing Address 7442 Devon St

City Philadelphia State PA Zip Code 19119

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

Name of Employer CIGNA CORPORATION Occupation Association Chief Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-3512-13-24

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 59 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul J. Gontarek

Mailing Address 7442 Devon St

City Philadelphia State PA Zip Code 19119

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

Name of Employer CIGNA CORPORATION Occupation Association Chief Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-3500-23-35

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
David A. Gordon

Mailing Address 121 Grandview Dr

City Glastonbury State CT Zip Code 06033

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-1269-13-24

Amount of Each Receipt this Period 15.00

**C.** Full Name (Last, First, Middle Initial)  
David A. Gordon

Mailing Address 121 Grandview Dr

City Glastonbury State CT Zip Code 06033

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Marketing Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1263-23-35

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna W. Gore		Date of Receipt
	Mailing Address 49 Briarwood Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Old Saybrook	CT	06475
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-240-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Analysis Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.91"/>
		<input type="text" value="283.66"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna W. Gore		Date of Receipt
	Mailing Address 49 Briarwood Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Old Saybrook	CT	06475
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-239-23-35
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Analysis Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.91"/>
		<input type="text" value="283.66"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kristen Gorodetzer		Date of Receipt
	Mailing Address 111 Celestino Ct		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Blackwood	NJ	08012
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-14535-13-24
Name of Employer HR&S Talent Optimization		Occupation Compensation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="31.82"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 61 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kristen Gorodetzer

Mailing Address 111 Celestino Ct

City State Zip Code  
Blackwood NJ 08012

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

Name of Employer Occupation  
HR&S Talent Optimization Compensation Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-14467-23-35

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Mark A. Gosselin

Mailing Address 48 Brian Dr

City State Zip Code  
Hebron CT 06248

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE App Development Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-774-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Mark A. Gosselin

Mailing Address 48 Brian Dr

City State Zip Code  
Hebron CT 06248

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE App Development Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-770-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 62 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stacie Grassmuck

Mailing Address 123 Town Square Place #186

City State Zip Code  
Jersey City NJ 07310

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-4483-13-24

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Stacie Grassmuck

Mailing Address 123 Town Square Place #186

City State Zip Code  
Jersey City NJ 07310

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-4469-23-35

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Gray

Mailing Address 138 Ballard Dr

City State Zip Code  
West Hartford CT 06119

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

Name of Employer Occupation  
CIGNA CORPORATION Strat and Business Develop Senior Dire

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-2269-13-24

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 138 Ballard Dr

City State Zip Code  
West Hartford CT 06119

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

Name of Employer Occupation  
CIGNA CORPORATION Strat and Business Develop Senior Dire

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2262-23-35

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)

Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City State Zip Code  
Scotch Plains NJ 07076

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

Name of Employer Occupation  
CGI CGI Executive Staff Vice President Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-17300-13-24

Amount of Each Receipt this Period  
90.00

**C.**

Full Name (Last, First, Middle Initial)

Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City State Zip Code  
Scotch Plains NJ 07076

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

Name of Employer Occupation  
CGI CGI Executive Staff Vice President Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2340.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-17211-23-35

Amount of Each Receipt this Period  
90.00

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

205.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Douglas R. Hadley

Mailing Address 126 Hopmeadow Street

City Weatogue State CT Zip Code 06089

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-7796-13-24

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas R. Hadley

Mailing Address 126 Hopmeadow Street

City Weatogue State CT Zip Code 06089

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-7768-23-35

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Annmarie T. Hagan

Mailing Address 113 Waterwillow Rd

City West Chester State PA Zip Code 19380

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

Name of Employer CIGNA CORPORATION Occupation Executive Vice President Chief Financi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-10398-13-24

Amount of Each Receipt this Period 10.00

**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: PAGE 65 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Annamarie T. Hagan

Mailing Address 113 Waterwillow Rd

City State Zip Code  
West Chester PA 19380

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

Name of Employer Occupation  
CIGNA CORPORATION Executive Vice President Chief Financi

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-10354-23-35

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Michael R. Halford

Mailing Address 131 Crown Court

City State Zip Code  
Troutman NC 28166

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Claims Senior Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-6266-13-24

Amount of Each Receipt this Period

10.58

**C.**

Full Name (Last, First, Middle Initial)

Michael R. Halford

Mailing Address 131 Crown Court

City State Zip Code  
Troutman NC 28166

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Claims Senior Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-6246-23-35

Amount of Each Receipt this Period

10.58

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

31.16

**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 66 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph L. Hannah

Mailing Address 9414 Indianfield DV

City State Zip Code  
Mechanicsville VA 23116

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Senior Sales Representative  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-6353-13-24

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph L. Hannah

Mailing Address 9414 Indianfield DV

City State Zip Code  
Mechanicsville VA 23116

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Senior Sales Representative  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-6333-23-35

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
H. Hanway

Mailing Address 1005 Bent Rd

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Chairman and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4999.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-3432-13-24

Amount of Each Receipt this Period

192.30

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

232.30

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

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

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

FOR LINE NUMBER: PAGE 67 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
H. Hanway

Mailing Address 1005 Bent Rd

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Chairman and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-3421-23-35

Amount of Each Receipt this Period  
192.30

**B.** Full Name (Last, First, Middle Initial)  
Robert H. Harwood

Mailing Address 19 Robbins Rd

City State Zip Code  
New Hartford CT 06057

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Architecture Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-450-23-35

Amount of Each Receipt this Period  
8.00

**C.** Full Name (Last, First, Middle Initial)  
Ben K. Haynes

Mailing Address 2 Collins View Road

City State Zip Code  
Canton CT 06019

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Operations Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-4429-13-24

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Ben K. Haynes		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 2 Collins View Road		<b>Transaction ID:</b> 20091221-4415-23-35
City Canton	State CT	Zip Code 06019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Cheryl S. Haynes		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 5320 Sunnyvale Dr		<b>Transaction ID:</b> 20091208-4494-13-24
City Antioch	State TN	Zip Code 37013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 11.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Business Analysis Senior Spec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

**C.**

Full Name (Last, First, Middle Initial) Cheryl S. Haynes		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 5320 Sunnyvale Dr		<b>Transaction ID:</b> 20091221-4480-23-35
City Antioch	State TN	Zip Code 37013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 11.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Business Analysis Senior Spec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>32.00</b>
<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 69 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas M. Healy

Mailing Address 41 Bradley Corners Rd

City Madison State CT Zip Code 06443

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Corporate Security Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-1958-13-24

Amount of Each Receipt this Period 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas M. Healy

Mailing Address 41 Bradley Corners Rd

City Madison State CT Zip Code 06443

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Corporate Security Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1952-23-35

Amount of Each Receipt this Period 10.00

**C.**

Full Name (Last, First, Middle Initial)  
Sharon W. Hecker

Mailing Address 41 Three Ponds Rd

City Wayland State MA Zip Code 01778

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-1962-23-35

Amount of Each Receipt this Period 8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 28.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City State Zip Code  
Irving TX 75063

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

Name of Employer Occupation  
CIGNA DENTAL HEALTH, INC. Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-7775-13-24

Amount of Each Receipt this Period

12.71

**B.**

Full Name (Last, First, Middle Initial)  
Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City State Zip Code  
Irving TX 75063

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

Name of Employer Occupation  
CIGNA DENTAL HEALTH, INC. Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-7748-23-35

Amount of Each Receipt this Period

12.71

**C.**

Full Name (Last, First, Middle Initial)  
Niels A. Heemsker

Mailing Address 107 Seneca Trl

City State Zip Code  
Bloomington IL 60108

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Sales Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-13928-13-24

Amount of Each Receipt this Period

10.00

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

35.42

**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: <span style="float: right;">PAGE 71 / 189</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Niels A. Heemsker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9		
	Mailing Address 107 Seneca Trl		<b>Transaction ID:</b> 20091221-13866-23-35		
	City Bloomington	State IL	Zip Code 60108	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Sales Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Hernandez		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9		
	Mailing Address 15000 S 88th Ave		<b>Transaction ID:</b> 20091221-13411-23-35		
	City Orland Park	State IL	Zip Code 60462	Amount of Each Receipt this Period 8.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Provider Contracting Senior Spec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) G. Hoagland		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9		
	Mailing Address 10012 Rough Run Court		<b>Transaction ID:</b> 20091208-16999-13-24		
	City Fairfax	State VA	Zip Code 22039	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer L&PA CIGNA-General Counsel		Occupation Vice President Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1820.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	88.00
<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 72 / 189

(check only one)

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

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

**A.**

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

Mailing Address 10012 Rough Run Court

City State Zip Code  
Fairfax VA 22039

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1820.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-16912-23-35

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen M. Hockmuth

Mailing Address 135 Brackett Rd

City State Zip Code  
Rye NH 03870

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Compliance Senior Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-621-13-24

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen M. Hockmuth

Mailing Address 135 Brackett Rd

City State Zip Code  
Rye NH 03870

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Compliance Senior Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-618-23-35

Amount of Each Receipt this Period

10.00

**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 73 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert P. Hockmuth	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 135 Brackett Rd	<b>Transaction ID:</b> 20091208-880-13-24
	City Rye State NH Zip Code 03870	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Medical Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.24	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert P. Hockmuth	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 135 Brackett Rd	<b>Transaction ID:</b> 20091221-876-23-35
	City Rye State NH Zip Code 03870	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Medical Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.24	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary T. Hoeltzel	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 213 Orchard Way	<b>Transaction ID:</b> 20091208-18480-13-24
	City Wayne State PA Zip Code 19087	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FIN CIGNA Financial Reporting	Occupation Vice President Chief Accounting Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>48.48</b>
<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 74 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary T. Hoeltzel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9		
	Mailing Address 213 Orchard Way		<b>Transaction ID:</b> 20091221-18375-23-35		
	City Wayne	State PA	Zip Code 19087	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FIN CIGNA Financial Reporting		Occupation Vice President Chief Accounting Office		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Regina E. Hoover		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9		
	Mailing Address 21 Shetland Isle Ct		<b>Transaction ID:</b> 20091221-3274-23-35		
	City Sugar Land	State TX	Zip Code 77479	Amount of Each Receipt this Period 7.70	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Provider Contracting Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.20			

<b>C.</b>	Full Name (Last, First, Middle Initial) Tamara Horwitz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9		
	Mailing Address 3430 List Place		<b>Transaction ID:</b> 20091208-22476-13-24		
	City Minneapolis	State MN	Zip Code 55416	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CIGNA Corp.		Occupation Account Manager-National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	37.70
<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 75 / 189

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tamara Horwitz		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 3430 List Place		<b>Transaction ID:</b> 20091221-22341-23-35		
	City Minneapolis	State MN	Zip Code 55416	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CIGNA Corp.		
Occupation Account Manager-National Accounts		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 520.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert S. House		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 181 Reverknolls		<b>Transaction ID:</b> 20091208-1030-13-24		
	City Avon	State CT	Zip Code 06001	Amount of Each Receipt this Period 9.62	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Financial Analysis Senior Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.12					

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert S. House		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 181 Reverknolls		<b>Transaction ID:</b> 20091221-1025-23-35		
	City Avon	State CT	Zip Code 06001	Amount of Each Receipt this Period 9.62	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Financial Analysis Senior Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.12					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>39.24</b>
<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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dale Hovey	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 6 Westborough Dr	<b>Transaction ID:</b> 20091208-1074-13-24
	City State Zip Code Weatogue CT 06089	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation App Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dale Hovey	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 6 Westborough Dr	<b>Transaction ID:</b> 20091221-1068-23-35
	City State Zip Code Weatogue CT 06089	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation App Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daven C. Hunigan	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 737 Ashley Forest Dr	<b>Transaction ID:</b> 20091221-3915-23-35
	City State Zip Code Hixson TN 37343	Amount of Each Receipt this Period 7.84
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Systems Analysis Senior Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	47.84
<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 77 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Moin M. Itekhari

Mailing Address 210 Cabot Court

City State Zip Code  
Deptford NJ 08096

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Database Administrator Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-2407-13-24

Amount of Each Receipt this Period  
10.35

**B.**

Full Name (Last, First, Middle Initial)  
Moin M. Itekhari

Mailing Address 210 Cabot Court

City State Zip Code  
Deptford NJ 08096

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Database Administrator Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.11

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2400-23-35

Amount of Each Receipt this Period  
10.35

**C.**

Full Name (Last, First, Middle Initial)  
Alan Innes

Mailing Address 19 Harvest Hill Rd

City State Zip Code  
West Simsbury CT 06092

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-2010-13-24

Amount of Each Receipt this Period  
19.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **39.95**

**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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan Innes	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 19 Harvest Hill Rd	<b>Transaction ID:</b> 20091221-2004-23-35
	City State Zip Code West Simsbury CT 06092	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA CORPORATION	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.25	

<b>B.</b>	Full Name (Last, First, Middle Initial) Abdul-Alim Issa	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 5 Corvette Ct	<b>Transaction ID:</b> 20091208-133-13-24
	City State Zip Code New Castle DE 19720	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Underwriting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Abdul-Alim Issa	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 5 Corvette Ct	<b>Transaction ID:</b> 20091221-133-23-35
	City State Zip Code New Castle DE 19720	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Underwriting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	69.25
<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: PAGE 79 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gertrude Jackson

Mailing Address 908 Summit Ln

City State Zip Code  
Oreland PA 19075

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Information Protection Director  
CO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-3473-23-35

Amount of Each Receipt this Period  
8.00

**B.**

Full Name (Last, First, Middle Initial)  
Malcolm D. Jackson

Mailing Address 28 Cedar Meadow Lane

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Business Unit I.T. Senior Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 702.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-15940-13-24

Amount of Each Receipt this Period  
27.00

**C.**

Full Name (Last, First, Middle Initial)  
Malcolm D. Jackson

Mailing Address 28 Cedar Meadow Lane

City State Zip Code  
Media PA 19063

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

Name of Employer Occupation  
CIGNA CORPORATION Business Unit I.T. Senior Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 702.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-15861-23-35

Amount of Each Receipt this Period  
27.00

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

62.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William S. Jameson	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 690 Bradford St	<b>Transaction ID:</b> 20091208-7984-13-24
	City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Association Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William S. Jameson	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 690 Bradford St	<b>Transaction ID:</b> 20091221-7955-23-35
	City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Association Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David C. Jamieson	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 25 River Drive South, #2406	<b>Transaction ID:</b> 20091208-17097-13-24
	City State Zip Code Jersey City NJ 07310	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA CORPORATION	Occupation Account Manager-National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	62.00
<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 81 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David C. Jamieson

Mailing Address 25 River Drive South, #2406

City Jersey City State NJ Zip Code 07310

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

Name of Employer CIGNA CORPORATION Occupation Account Manager-National Accounts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-17010-23-35  
 Amount of Each Receipt this Period 12.00

**B.** Full Name (Last, First, Middle Initial)  
Frank Edward Jones

Mailing Address 2622 Cedarvue Dr

City Upper St Clair State PA Zip Code 15241

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.36

Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-3660-13-24  
 Amount of Each Receipt this Period 16.28

**C.** Full Name (Last, First, Middle Initial)  
Frank Edward Jones

Mailing Address 2622 Cedarvue Dr

City Upper St Clair State PA Zip Code 15241

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.36

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-3647-23-35  
 Amount of Each Receipt this Period 16.28

**SUBTOTAL** of Receipts This Page (optional) ..... ► 44.56

**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 82 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Scott Josephs

Mailing Address 403 Tramore Dr

City State Zip Code  
Chapel Hill NC 27516

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-8645-13-24

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Josephs

Mailing Address 403 Tramore Dr

City State Zip Code  
Chapel Hill NC 27516

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-8613-23-35

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City State Zip Code  
West Hartford CT 06117

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Vice President Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-11551-13-24

Amount of Each Receipt this Period

100.00

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

150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City State Zip Code  
West Hartford CT 06117

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Vice President Chief Medical Officer  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-11500-23-35

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Rhonda M. Karlin

Mailing Address 162 Four Mile Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
CIGNA CORPORATION Association Chief Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-1979-13-24

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Rhonda M. Karlin

Mailing Address 162 Four Mile Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
CIGNA CORPORATION Association Chief Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-1973-23-35

Amount of Each Receipt this Period

10.00

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

120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 189  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

**A.**

Full Name (Last, First, Middle Initial) Benjamin W. Katz		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 3603a Happy Valley Rd		<b>Transaction ID:</b> 20091208-8163-13-24
City Lafayette	State CA	Zip Code 94549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CIGNA HEALTHCARE OF CA, INC.	Occupation Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

**B.**

Full Name (Last, First, Middle Initial) Benjamin W. Katz		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 3603a Happy Valley Rd		<b>Transaction ID:</b> 20091221-8134-23-35
City Lafayette	State CA	Zip Code 94549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CIGNA HEALTHCARE OF CA, INC.	Occupation Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

**C.**

Full Name (Last, First, Middle Initial) Eric E. Kaulfuss		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 8518 Cavanaugh Lane		<b>Transaction ID:</b> 20091208-3749-13-24
City Hixson	State TN	Zip Code 37343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Talent Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<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: PAGE 85 / 189  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Eric E. Kaulfuss

Mailing Address 8518 Cavanaugh Lane

City Hixson State TN Zip Code 37343

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Talent Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-3736-23-35  
Amount of Each Receipt this Period: 10.00

**B.** Full Name (Last, First, Middle Initial)  
Sandra G. Kent

Mailing Address 8306 Autumn Way

City Richmond State VA Zip Code 23235

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Business Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-123-13-24  
Amount of Each Receipt this Period: 8.14

**C.** Full Name (Last, First, Middle Initial)  
Sandra G. Kent

Mailing Address 8306 Autumn Way

City Richmond State VA Zip Code 23235

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Business Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-123-23-35  
Amount of Each Receipt this Period: 8.14

**SUBTOTAL** of Receipts This Page (optional) ..... ► 26.28

**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 86 / 189
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin E. Kickhaefer		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 2305 W Melrose St		<b>Transaction ID:</b> 20091221-11839-23-35
	City Chicago	State IL	Zip Code 60618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.00
	Name of Employer CIGNA CORPORATION	Occupation Sales Manager-National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A. Killmer		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2638 Bethel Crest Dr		<b>Transaction ID:</b> 20091208-2733-13-24
	City Bethel Park	State PA	Zip Code 15102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Group Claims Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert A. Killmer		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 2638 Bethel Crest Dr		<b>Transaction ID:</b> 20091221-2726-23-35
	City Bethel Park	State PA	Zip Code 15102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Group Claims Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.00
<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 87 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 106 E Valley Creek Rd

City State Zip Code  
Plymouth Meeting PA 19462

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

Name of Employer Occupation  
HR&S Talent Optimization Human Resources Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-14536-13-24

Amount of Each Receipt this Period  
15.00

**B.**

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

Mailing Address 106 E Valley Creek Rd

City State Zip Code  
Plymouth Meeting PA 19462

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

Name of Employer Occupation  
HR&S Talent Optimization Human Resources Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-14468-23-35

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
CHC Government Services Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-15215-13-24

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 88 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
CHC Government Services Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-15142-23-35

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Diana L. Kycia

Mailing Address 98 Garfield Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.14

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-1058-13-24

Amount of Each Receipt this Period  
12.88

**C.** Full Name (Last, First, Middle Initial)  
Diana L. Kycia

Mailing Address 98 Garfield Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.14

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1052-23-35

Amount of Each Receipt this Period  
12.88

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45.76**

**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 89 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Maria Y. Kyriakos		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 211 Hoyer Court		<b>Transaction ID:</b> 20091208-7815-13-24
City Wilmington	State DE	Zip Code 19803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Human Resources Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Maria Y. Kyriakos		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 211 Hoyer Court		<b>Transaction ID:</b> 20091221-7787-23-35
City Wilmington	State DE	Zip Code 19803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Human Resources Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Kenneth P. Langevin		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 32 Castlewood Rd		<b>Transaction ID:</b> 20091208-1536-13-24
City West Hartford	State CT	Zip Code 06107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer CIGNA CORPORATION	Occupation Association Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>35.00</b>
<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 90 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Kenneth P. Langevin

Mailing Address 32 Castlewood Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
CIGNA CORPORATION Association Chief Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1530-23-35

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
R. Lara

Mailing Address 3657 E. Adobe Dr

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-3295-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
R. Lara

Mailing Address 3657 E. Adobe Dr

City State Zip Code  
Phoenix AZ 85050

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-3285-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 91 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) F. Lastner		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 505 Northfield Road		<b>Transaction ID:</b> 20091208-16788-13-24
City Devon	State PA	
Zip Code 19333		Amount of Each Receipt this Period 9.62
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA CORPORATION	Occupation Vice President Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

**B.**

Full Name (Last, First, Middle Initial) F. Lastner		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 505 Northfield Road		<b>Transaction ID:</b> 20091221-16704-23-35
City Devon	State PA	
Zip Code 19333		Amount of Each Receipt this Period 9.62
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA CORPORATION	Occupation Vice President Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

**C.**

Full Name (Last, First, Middle Initial) Alfredo Lathrop		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 11250 Signature Blvd.		<b>Transaction ID:</b> 20091208-4736-13-24
City Selbyville	State DE	
Zip Code 19975		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Vice President Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>29.24</b>
<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 92 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Alfredo Lathrop

Mailing Address 11250 Signature Blvd.

City State Zip Code  
Selbyville DE 19975

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

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Vice President Human Resources

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-4722-23-35

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

William P. Lawless

Mailing Address 509 S Bay Shore Blvd

City State Zip Code  
Gilbert AZ 85233

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Family Practice

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2184-13-24

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

William P. Lawless

Mailing Address 509 S Bay Shore Blvd

City State Zip Code  
Gilbert AZ 85233

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Family Practice

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2177-23-35

Amount of Each Receipt this Period

20.00

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

50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Lawrence

Mailing Address 14015 Citrus Crest Circle

City State Zip Code  
Tampa FL 33625

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.09

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-3948-13-24

Amount of Each Receipt this Period

13.92

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Lawrence

Mailing Address 14015 Citrus Crest Circle

City State Zip Code  
Tampa FL 33625

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.09

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-3936-23-35

Amount of Each Receipt this Period

13.92

**C.**

Full Name (Last, First, Middle Initial)  
Susan L. Lawson

Mailing Address 5133 Teesdale Ave

City State Zip Code  
Valley Village CA 91607

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Service Senior Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.78

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-7863-13-24

Amount of Each Receipt this Period

8.03

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

35.87

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

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

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

FOR LINE NUMBER: PAGE 94 / 189  
(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.** Full Name (Last, First, Middle Initial)  
Susan L. Lawson  
 Mailing Address 5133 Teesdale Ave  
 City State Zip Code  
Valley Village CA 91607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Service Senior Specialist  
CO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.78  
 Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9  
**Transaction ID:** 20091221-7835-23-35  
 Amount of Each Receipt this Period  
8.03

**B.** Full Name (Last, First, Middle Initial)  
Charles Levine  
 Mailing Address 6469 NE 186th St  
 City State Zip Code  
Kenmore WA 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Director  
CO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12  
 Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** 20091208-3275-13-24  
 Amount of Each Receipt this Period  
9.62

**C.** Full Name (Last, First, Middle Initial)  
Charles Levine  
 Mailing Address 6469 NE 186th St  
 City State Zip Code  
Kenmore WA 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Director  
CO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12  
 Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9  
**Transaction ID:** 20091221-3265-23-35  
 Amount of Each Receipt this Period  
9.62

**SUBTOTAL** of Receipts This Page (optional) ..... ► **27.27**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas X. Lonergan

Mailing Address 35 Shingle Mill Rd

City State Zip Code  
West Simsbury CT 06092

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Actuarial Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-420-13-24

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas X. Lonergan

Mailing Address 35 Shingle Mill Rd

City State Zip Code  
West Simsbury CT 06092

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Actuarial Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-418-23-35

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
David Long

Mailing Address 27094 Prairie View Avenue

City State Zip Code  
Harrisburg SD 57032

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

Name of Employer Occupation  
TEL-DRUG, INC. Operations Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10280-13-24

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Long

Mailing Address 27094 Prairie View Avenue

City Harrisburg State SD Zip Code 57032

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

Name of Employer TEL-DRUG, INC. Occupation Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-10236-23-35

Amount of Each Receipt this Period 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher R. Loomis

Mailing Address 909 Overton Ave

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Association Chief Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-5462-13-24

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher R. Loomis

Mailing Address 909 Overton Ave

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Association Chief Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-5447-23-35

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 50.00

**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 97 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stacie Lukasiak

Mailing Address 709 Harrow Lane

City State Zip Code  
Franklin TN 37064

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Operations Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.24

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10058-23-35

Amount of Each Receipt this Period  
7.74

**B.** Full Name (Last, First, Middle Initial)  
Jon E. Maesner

Mailing Address 22 Crosswood Rd

City State Zip Code  
Farmington CT 06032

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Clinical Program Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-7804-13-24

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Jon E. Maesner

Mailing Address 22 Crosswood Rd

City State Zip Code  
Farmington CT 06032

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Clinical Program Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-7776-23-35

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.74**

**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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William J. Maher		Date of Receipt
	Mailing Address 16 Sheffield Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 10 / 2009
	City	State	Zip Code
	Moorestown	NJ	08057
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-3896-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Analysis Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 12.00
			<input type="text"/> 312.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William J. Maher		Date of Receipt
	Mailing Address 16 Sheffield Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 24 / 2009
	City	State	Zip Code
	Moorestown	NJ	08057
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-3883-23-35
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Analysis Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 12.00
			<input type="text"/> 312.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Carla C. Mangiafico		Date of Receipt
	Mailing Address 47 Kelsey Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 10 / 2009
	City	State	Zip Code
	Glastonbury	CT	06033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-291-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Accounting Senior Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.00
			<input type="text"/> 494.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 43.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 99 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Carla C. Mangiafico

Mailing Address 47 Kelsey Ln

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Accounting Senior Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 494.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

**Transaction ID:** 20091221-290-23-35

Amount of Each Receipt this Period  
19.00

**B.** Full Name (Last, First, Middle Initial)  
Mark P. Marsters

Mailing Address 13 Devonshire Ln

City State Zip Code  
Malvern PA 19355

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	9	

**Transaction ID:** 20091208-12651-13-24

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mark P. Marsters

Mailing Address 13 Devonshire Ln

City State Zip Code  
Malvern PA 19355

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

**Transaction ID:** 20091221-12597-23-35

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.00**

**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 100 / 189  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas J. Martel

Mailing Address 23 Tack Ct

City State Zip Code  
Edgewater MD 21037

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE General Manager  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-12242-13-24

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas J. Martel

Mailing Address 23 Tack Ct

City State Zip Code  
Edgewater MD 21037

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE General Manager  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-12190-23-35

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
John W. Matheny

Mailing Address 43 S Taylor Point Dr

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-5063-13-24

Amount of Each Receipt this Period  
17.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **67.31**

**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 101 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John W. Matheny

Mailing Address 43 S Taylor Point Dr

City State Zip Code  
The Woodlands TX 77382

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Director  
CO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.30

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-5048-23-35

Amount of Each Receipt this Period

17.31

**B.**

Full Name (Last, First, Middle Initial)  
Trevia K. Mattingly

Mailing Address 6250 Smiser Rd

City State Zip Code  
Calera OK 74730

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Claims Manager  
CO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-7226-23-35

Amount of Each Receipt this Period

8.00

**C.**

Full Name (Last, First, Middle Initial)  
Wanda M. McConico

Mailing Address 12230 Sherman Dr

City State Zip Code  
Charlotte NC 28273

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Account Manager-National Accounts  
CO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-4121-13-24

Amount of Each Receipt this Period

10.00

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

35.31

**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 102 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Wanda M. McConico

Mailing Address 12230 Sherman Dr

City State Zip Code  
Charlotte NC 28273

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Account Manager-National Accounts  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-4109-23-35

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
William McGean

Mailing Address 10 Grosvenor Rd

City State Zip Code  
Waltham MA 02453

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Operations Director  
ERICA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-10058-13-24

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
William McGean

Mailing Address 10 Grosvenor Rd

City State Zip Code  
Waltham MA 02453

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Operations Director  
ERICA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-10019-23-35

Amount of Each Receipt this Period

15.00

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

40.00

**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 103 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 32 Starview Dr

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-1607-13-24

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 32 Starview Dr

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1601-23-35

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Barry R. McHale

Mailing Address 1521 Meadowbrook Ln

City State Zip Code  
West Chester PA 19380

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

Name of Employer Occupation  
CIGNA CORPORATION Treasury Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-5141-23-35

Amount of Each Receipt this Period  
8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **28.00**

**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 104 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Susan E. McMurray

Mailing Address 32 Bass Dr

City Enfield State CT Zip Code 06082

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-543-13-24

Amount of Each Receipt this Period 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan E. McMurray

Mailing Address 32 Bass Dr

City Enfield State CT Zip Code 06082

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Accounting Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-540-23-35

Amount of Each Receipt this Period 10.00

**C.**

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

Mailing Address 1359 Shady Knoll Ct

City Longwood State FL Zip Code 32750

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-5635-13-24

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

**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 105 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Brian C. McNeil  
 Mailing Address 1359 Shady Knoll Ct  
 City Longwood State FL Zip Code 32750  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-5619-23-35  
 Amount of Each Receipt this Period 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 260.00

**B.** Full Name (Last, First, Middle Initial)  
Mark J. McPhail  
 Mailing Address 925 S. Main Street, Apt 3334  
 City Grapevine State TX Zip Code 76051  
 Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-6602-13-24  
 Amount of Each Receipt this Period 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 260.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J. McPhail  
 Mailing Address 925 S. Main Street, Apt 3334  
 City Grapevine State TX Zip Code 76051  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-6581-23-35  
 Amount of Each Receipt this Period 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 260.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00  
**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 106 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Nancy A. Miley

Mailing Address 2961 Ned Shelton Rd

City State Zip Code  
Nashville TN 37217

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Sales Administration Senior Spec  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-12442-13-24

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy A. Miley

Mailing Address 2961 Ned Shelton Rd

City State Zip Code  
Nashville TN 37217

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Sales Administration Senior Spec  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-12389-23-35

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher L. Miller

Mailing Address 2530 Allegheny Dr

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Contract Specialist  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-6368-13-24

Amount of Each Receipt this Period

10.00

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

30.00

**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 107 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher L. Miller

Mailing Address 2530 Allegheny Dr

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Contract Specialist  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-6348-23-35

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald E. Miller

Mailing Address 1034 Reunion Drive

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Claims Senior Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-6132-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald E. Miller

Mailing Address 1034 Reunion Drive

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Claims Senior Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-6112-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 108 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 5820 Aventura Ct

City Tampa State FL Zip Code 33625

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-8365-13-24  
Amount of Each Receipt this Period: 15.00

**B.**

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

Mailing Address 5820 Aventura Ct

City Tampa State FL Zip Code 33625

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-8336-23-35  
Amount of Each Receipt this Period: 15.00

**C.**

Full Name (Last, First, Middle Initial)  
Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City Ft. Lauderdale State FL Zip Code 33301

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Account Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-5502-13-24  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 109 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City Ft. Lauderdale State FL Zip Code 33301

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-5487-23-35

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Jodie K. Mirfendereski

Mailing Address 104 Glenlivet Pl

City Powell State OH Zip Code 43065

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.78

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-4691-13-24

Amount of Each Receipt this Period 10.91

**C.**

Full Name (Last, First, Middle Initial)  
Jodie K. Mirfendereski

Mailing Address 104 Glenlivet Pl

City Powell State OH Zip Code 43065

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.78

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-4677-23-35

Amount of Each Receipt this Period 10.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► 41.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melanie N. Monchick		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 103 Loch Haven Ln		<b>Transaction ID:</b> 20091208-8025-13-24		
	City Cary	State NC	Zip Code 27518	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation Clinical Program Manager	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Melanie N. Monchick		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 103 Loch Haven Ln		<b>Transaction ID:</b> 20091221-7996-23-35		
	City Cary	State NC	Zip Code 27518	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation Clinical Program Manager	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth W. Munkel		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 11835 Wildwood Springs Dr		<b>Transaction ID:</b> 20091208-2552-13-24		
	City Roswell	State GA	Zip Code 30075	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Account Manager	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<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 111 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth W. Munkel

Mailing Address 11835 Wildwood Springs Dr

City Roswell State GA Zip Code 30075

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-2545-23-35

Amount of Each Receipt this Period 10.00

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

Mailing Address 105 Mill View Ln

City Newtown Square State PA Zip Code 19073

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-13030-13-24

Amount of Each Receipt this Period 100.00

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

Mailing Address 105 Mill View Ln

City Newtown Square State PA Zip Code 19073

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-12972-23-35

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 1449 Canal Point Rd

City State Zip Code  
Longwood FL 32750

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-10188-13-24

Amount of Each Receipt this Period  
12.00

**B.**

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

Mailing Address 1449 Canal Point Rd

City State Zip Code  
Longwood FL 32750

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-10146-23-35

Amount of Each Receipt this Period  
12.00

**C.**

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

Mailing Address 11 Dally Farms Rd

City State Zip Code  
Windsor CT 06095

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-5455-13-24

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 39.00

**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 113 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paula Murphy  
Mailing Address 11 Dally Farms Rd  
City Windsor State CT Zip Code 06095  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Senior Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-5440-23-35  
Amount of Each Receipt this Period 15.00

**B.** Full Name (Last, First, Middle Initial)  
James L. Nadler  
Mailing Address 143 N Shawnee Ridge Cir  
City Spring State TX Zip Code 77382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Senior Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 226.60  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-5432-23-35  
Amount of Each Receipt this Period 8.05

**C.** Full Name (Last, First, Middle Initial)  
Noreen Nageotte  
Mailing Address 28205 W Oviatt Rd  
City Bay Village State OH Zip Code 44140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 10 / 2009  
Transaction ID: 20091208-8929-13-24  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 33.05  
**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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Noreen Nageotte		Date of Receipt	
	Mailing Address 28205 W Oviatt Rd		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 20091221-8896-23-35
	Bay Village	OH	44140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Provider Contracting Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark F. Nai		Date of Receipt	
	Mailing Address 372 Ratley Rd		M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 20091221-442-23-35
	West Suffield	CT	06093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.00
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Architecture Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Van A. Nelimark		Date of Receipt	
	Mailing Address 2120 Sw 52nd Ave		M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 20091208-4536-13-24
	Plantation	FL	33317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
Name of Employer CIGNA DENTAL HEALTH OF FL, INC		Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	28.00
<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 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Van A. Nelimark	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 2120 Sw 52nd Ave	<b>Transaction ID:</b> 20091221-4522-23-35
	City State Zip Code Plantation FL 33317	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA DENTAL HEALTH OF FL, INC Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Nicoll	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 4 Bayview Dr	<b>Transaction ID:</b> 20091208-2315-13-24
	City State Zip Code Plainview NY 11803	Amount of Each Receipt this Period 26.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Medical Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Nicoll	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 4 Bayview Dr	<b>Transaction ID:</b> 20091221-2308-23-35
	City State Zip Code Plainview NY 11803	Amount of Each Receipt this Period 26.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Medical Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	63.86
<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 / 189		
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Niehaus		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 49 Sycamore Rd		<b>Transaction ID:</b> 20091221-532-23-35		
	City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period 8.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Underwriting Senior Director	Aggregate Year-to-Date 208.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Eliana Nunez		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 120 Ridge Crest Cir		<b>Transaction ID:</b> 20091208-1375-13-24		
	City Wethersfield	State CT	Zip Code 06109	Amount of Each Receipt this Period 15.63	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Senior Director	Aggregate Year-to-Date 406.73		

<b>C.</b>	Full Name (Last, First, Middle Initial) Eliana Nunez		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 120 Ridge Crest Cir		<b>Transaction ID:</b> 20091221-1369-23-35		
	City Wethersfield	State CT	Zip Code 06109	Amount of Each Receipt this Period 15.63	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Senior Director	Aggregate Year-to-Date 406.73		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	39.26
<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 117 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 2101 Sea Eagle View

City Austin State TX Zip Code 78738

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

Name of Employer CIGNA CORPORATION Occupation Government Affairs Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-16334-13-24

Amount of Each Receipt this Period 46.15

**B.**

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

Mailing Address 2101 Sea Eagle View

City Austin State TX Zip Code 78738

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

Name of Employer CIGNA CORPORATION Occupation Government Affairs Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-16252-23-35

Amount of Each Receipt this Period 46.15

**C.**

Full Name (Last, First, Middle Initial)  
Katherine Overbye

Mailing Address 995 Hopmeadow St

City Simsbury State CT Zip Code 06070

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Underwriting Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-1588-13-24

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 102.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Katherine Overbye

Mailing Address 995 Hopmeadow St

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Underwriting Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1582-23-35

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City State Zip Code  
Ellington CT 06029

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

Name of Employer Occupation  
CIGNA CORPORATION Actuarial Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-7245-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City State Zip Code  
Ellington CT 06029

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

Name of Employer Occupation  
CIGNA CORPORATION Actuarial Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-7221-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 119 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charlene Parsons

Mailing Address 1179 Colts Ln

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-13514-13-24  
 Amount of Each Receipt this Period 90.00

**B.**

Full Name (Last, First, Middle Initial)  
Charlene Parsons

Mailing Address 1179 Colts Ln

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2340.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-13454-23-35  
 Amount of Each Receipt this Period 90.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark A. Parsons

Mailing Address 4 Thistle Hollow

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Svp Reinsurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-516-13-24  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

**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 120 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark A. Parsons

Mailing Address 4 Thistle Hollow

City State Zip Code  
Avon CT 06001

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Svp Reinsurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-513-23-35

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
Terry Perkins, PA

Mailing Address 712 N 2nd St

City State Zip Code  
Avondale AZ 85323

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.28

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-7625-13-24

Amount of Each Receipt this Period

8.45

**C.**

Full Name (Last, First, Middle Initial)  
Terry Perkins, PA

Mailing Address 712 N 2nd St

City State Zip Code  
Avondale AZ 85323

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.28

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-7600-23-35

Amount of Each Receipt this Period

9.93

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

58.38

**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 121 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Raymond H. Perry

Mailing Address 112 W Walnut Ave

City State Zip Code  
Moorestown NJ 08057

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

Name of Employer Occupation  
CIGNA CORPORATION Financial Analysis Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2491-13-24

Amount of Each Receipt this Period  
11.83

**B.**

Full Name (Last, First, Middle Initial)  
Raymond H. Perry

Mailing Address 112 W Walnut Ave

City State Zip Code  
Moorestown NJ 08057

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

Name of Employer Occupation  
CIGNA CORPORATION Financial Analysis Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2484-23-35

Amount of Each Receipt this Period  
11.83

**C.**

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

Mailing Address 210 W. Washington Square -10SW

City State Zip Code  
Philadelphia PA 19106-3581

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4992.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-15858-13-24

Amount of Each Receipt this Period  
192.00

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

215.66

**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 122 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Carol Petren		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 210 W. Washington Square -10SW		<b>Transaction ID:</b> 20091221-15781-23-35
City Philadelphia	State PA	Zip Code 19106-3581
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer ADM CEO Staff	Occupation E.V.P. Genl Counsel & Pub Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

**B.**

Full Name (Last, First, Middle Initial) Kim A. Phillips		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 1045 E Carver Rd		<b>Transaction ID:</b> 20091221-7647-23-35
City Tempe	State AZ	Zip Code 85284
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 7.70
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Provider Contracting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20	

**C.**

Full Name (Last, First, Middle Initial) Robert D. Picinich		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 1096 Maple Hill Ln		<b>Transaction ID:</b> 20091208-2436-13-24
City Malvern	State PA	Zip Code 19355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>214.70</b>
<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 123 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Picinich

Mailing Address 1096 Maple Hill Ln

City Malvern State PA Zip Code 19355

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-2429-23-35  
Amount of Each Receipt this Period: 15.00

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

Mailing Address 622 Museum Drive

City Charlotte State NC Zip Code 28207

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

Name of Employer: CHC Middle Market Segment  
Occupation: General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-16634-13-24  
Amount of Each Receipt this Period: 19.23

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

Mailing Address 622 Museum Drive

City Charlotte State NC Zip Code 28207

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

Name of Employer: CHC Middle Market Segment  
Occupation: General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-16551-23-35  
Amount of Each Receipt this Period: 19.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► 53.46

**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 124 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 19814 N Desert Song Ct

City Surprise State AZ Zip Code 85374

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC  
Occupation Internal Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-5184-13-24  
Amount of Each Receipt this Period: 10.00

**B.**

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

Mailing Address 19814 N Desert Song Ct

City Surprise State AZ Zip Code 85374

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC  
Occupation Internal Medicine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-5169-23-35  
Amount of Each Receipt this Period: 10.00

**C.**

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

Mailing Address 24 Magnolia Dr

City Suffield State CT Zip Code 06078

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

Name of Employer CIGNA CORPORATION  
Occupation Vice President Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-1482-13-24  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40.00

**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 125 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David M. Porcello	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address 24 Magnolia Dr	<b>Transaction ID:</b> 20091221-1476-23-35
	City State Zip Code Suffield CT 06078	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA CORPORATION Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas F. Prevost	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 13 Deer Run	<b>Transaction ID:</b> 20091208-363-13-24
	City State Zip Code Southwick MA 01077	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Aviation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas F. Prevost	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address 13 Deer Run	<b>Transaction ID:</b> 20091221-362-23-35
	City State Zip Code Southwick MA 01077	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Aviation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<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 126 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jodi Prohofsky

Mailing Address 360 W Point Rd

City State Zip Code  
Tonka Bay MN 55331

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

Name of Employer  
CIGNA BEHAVIORAL HEALTH, INC.

Occupation  
General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-2027-13-24

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jodi Prohofsky

Mailing Address 360 W Point Rd

City State Zip Code  
Tonka Bay MN 55331

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

Name of Employer  
CIGNA BEHAVIORAL HEALTH, INC.

Occupation  
General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2021-23-35

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
John F. Rausch

Mailing Address 14615 N 12th St

City State Zip Code  
Phoenix AZ 85022

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

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-7340-13-24

Amount of Each Receipt this Period

9.62

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

59.62

**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 127 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John F. Rausch

Mailing Address 14615 N 12th St

City Phoenix State AZ Zip Code 85022

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-7317-23-35

Amount of Each Receipt this Period 9.62

**B.**

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

Mailing Address 622 Georgia Ave # 307

City Chattanooga State TN Zip Code 37402

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.50

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-13441-13-24

Amount of Each Receipt this Period 19.25

**C.**

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

Mailing Address 622 Georgia Ave # 307

City Chattanooga State TN Zip Code 37402

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

Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.50

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-13381-23-35

Amount of Each Receipt this Period 19.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 48.12

**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 128 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) William J. Reedy		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 1539 E Hackamore St		<b>Transaction ID:</b> 20091208-7154-13-24
City Mesa	State AZ	Zip Code 85203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation Urgent Care Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**B.**

Full Name (Last, First, Middle Initial) William J. Reedy		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 1539 E Hackamore St		<b>Transaction ID:</b> 20091221-7132-23-35
City Mesa	State AZ	Zip Code 85203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation Urgent Care Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**C.**

Full Name (Last, First, Middle Initial) Brett A. Reinholz		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 360 W Illinois St Apt 3a		<b>Transaction ID:</b> 20091208-4927-13-24
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Financial Analysis Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<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 129 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brett A. Reinholz	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 360 W Illinois St Apt 3a	<b>Transaction ID:</b> 20091221-4912-23-35
	City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Financial Analysis Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas B. Richards	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 3 Scarborough Farms Rd	<b>Transaction ID:</b> 20091208-740-13-24
	City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Vice President Product Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas B. Richards	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 3 Scarborough Farms Rd	<b>Transaction ID:</b> 20091221-736-23-35
	City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Vice President Product Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<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 130 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gary E. Richins

Mailing Address 713 1/2 Iris Ave

City State Zip Code  
Corona Del Mar CA 92625

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Audit Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-7520-23-35

Amount of Each Receipt this Period  
8.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy E. Richmond

Mailing Address 503 Willow Hedge Ct

City State Zip Code  
Monroeville PA 15146

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Clinical Program Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-3636-13-24

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy E. Richmond

Mailing Address 503 Willow Hedge Ct

City State Zip Code  
Monroeville PA 15146

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Clinical Program Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-3624-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **28.00**

**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 131 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Catherine M. Riley

Mailing Address 1 Sand Dollar Dr

City State Zip Code  
Isle Of Palms SC 29451

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Operations Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-2401-13-24

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Catherine M. Riley

Mailing Address 1 Sand Dollar Dr

City State Zip Code  
Isle Of Palms SC 29451

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Operations Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-2394-23-35

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher A. Rodriguez

Mailing Address 13405 Golf Crest Way

City State Zip Code  
Tampa FL 33618

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Senior Sales Representative  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-8354-23-35

Amount of Each Receipt this Period  
8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **28.00**

**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 132 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Efrain Rosado

Mailing Address 23 Edbert Dr

City State Zip Code  
New Britain CT 06052

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Informatics Senior Specialist  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-8298-23-35

Amount of Each Receipt this Period  
8.00

**B.**

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

Mailing Address 147 Old Gulph Rd

City State Zip Code  
Wynnewood PA 19096

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Vice President Marketing  
ERICA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-11762-13-24

Amount of Each Receipt this Period  
96.00

**C.**

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

Mailing Address 147 Old Gulph Rd

City State Zip Code  
Wynnewood PA 19096

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Vice President Marketing  
ERICA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2496.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-11710-23-35

Amount of Each Receipt this Period  
96.00

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

200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rosanne T. Rosty

Mailing Address Po Box 8365

City State Zip Code  
Saddle Brook NJ 07663

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Learning Manager  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10247-13-24

Amount of Each Receipt this Period  
8.85

**B.**

Full Name (Last, First, Middle Initial)  
Rosanne T. Rosty

Mailing Address Po Box 8365

City State Zip Code  
Saddle Brook NJ 07663

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Learning Manager  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10203-23-35

Amount of Each Receipt this Period  
8.85

**C.**

Full Name (Last, First, Middle Initial)  
Nancy F. Ruffino

Mailing Address 815 Millbrook Rd

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation  
CIGNA CORPORATION Accounting Senior Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-1193-13-24

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **27.70**

**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 134 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy F. Ruffino	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 815 Millbrook Rd	<b>Transaction ID:</b> 20091221-1187-23-35
	City State Zip Code Middletown CT 06457	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA CORPORATION	Occupation Accounting Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jean C. Rush	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 73 Cidermill Hts	<b>Transaction ID:</b> 20091208-269-13-24
	City State Zip Code North Granby CT 06060	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jean C. Rush	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 73 Cidermill Hts	<b>Transaction ID:</b> 20091221-268-23-35
	City State Zip Code North Granby CT 06060	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	48.50
<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: PAGE 135 / 189  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David A. Russell

Mailing Address 48 Winterset Ln

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Actuarial Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-2172-13-24

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
David A. Russell

Mailing Address 48 Winterset Ln

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Actuarial Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2165-23-35

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas M. Sakorafis

Mailing Address 938 Mcdonald Dr

City State Zip Code  
Northville MI 48167

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Account Manager-National Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-5442-13-24

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 136 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas M. Sakorafis

Mailing Address 938 Mcdonald Dr

City Northville State MI Zip Code 48167

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

Name of Employer CT GENERAL LIFE INSURANCE CO  
Occupation Account Manager-National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-5427-23-35  
Amount of Each Receipt this Period 10.00

**B.**

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

Mailing Address 5 Hawks Rdg

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO  
Occupation Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-2198-13-24  
Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 5 Hawks Rdg

City Avon State CT Zip Code 06001

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

Name of Employer CT GENERAL LIFE INSURANCE CO  
Occupation Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-2191-23-35  
Amount of Each Receipt this Period 30.00

**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: PAGE 137 / 189  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) David N. Sasportas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 125 Wadhams Rd		<b>Transaction ID:</b> 20091208-450-13-24
	City Bloomfield	State CT	Zip Code 06002
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David N. Sasportas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address 125 Wadhams Rd		<b>Transaction ID:</b> 20091221-448-23-35
	City Bloomfield	State CT	Zip Code 06002
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Project Management Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank Sataline		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 18 Wyndham Ln		<b>Transaction ID:</b> 20091208-517-13-24
	City Farmington	State CT	Zip Code 06032
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
	Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Vice President Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2210.00	

<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: PAGE 138 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Frank Sataline

Mailing Address 18 Wyndham Ln

City Farmington State CT Zip Code 06032

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Vice President Senior Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2210.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-514-23-35

Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
David A. Savino

Mailing Address 91 Trumbull Ln

City South Windsor State CT Zip Code 06074

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

Name of Employer CIGNA CORPORATION Occupation Compliance Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-694-13-24

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
David A. Savino

Mailing Address 91 Trumbull Ln

City South Windsor State CT Zip Code 06074

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

Name of Employer CIGNA CORPORATION Occupation Compliance Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-691-23-35

Amount of Each Receipt this Period 25.00

**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: PAGE 139 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Randy Savona  
Mailing Address 9920 Westcliff Pkwy  
City Westminster State CO Zip Code 80021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Sales Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 10 / 2009  
Transaction ID: 20091208-12614-13-24  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Randy Savona  
Mailing Address 9920 Westcliff Pkwy  
City Westminster State CO Zip Code 80021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Sales Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-12560-23-35  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
David S. Scheibe  
Mailing Address 400 Kings Highway  
City Moorestown State NJ Zip Code 08057  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Treasury Senior Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00  
Date of Receipt 12 / 10 / 2009  
Transaction ID: 20091208-1563-13-24  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40.00  
**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 140 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David S. Scheibe	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address 400 Kings Highway	<b>Transaction ID:</b> 20091221-1557-23-35
	City State Zip Code Moorestown NJ 08057	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Treasury Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott D. Schneider	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 34 Burning Tree	<b>Transaction ID:</b> 20091208-4949-13-24
	City State Zip Code Glastonbury CT 06033	Amount of Each Receipt this Period 9.50
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott D. Schneider	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address 34 Burning Tree	<b>Transaction ID:</b> 20091221-4934-23-35
	City State Zip Code Glastonbury CT 06033	Amount of Each Receipt this Period 9.50
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	39.00
<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 141 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Susan M. Seaback

Mailing Address 357 W Hill Rd

City State Zip Code  
New Hartford CT 06057

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1744-23-35

Amount of Each Receipt this Period  
7.70

**B.** Full Name (Last, First, Middle Initial)  
Ralph V. Shapiro

Mailing Address 32 Park Avenue Court #22

City State Zip Code  
West Springfield MA 01089

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

Name of Employer Occupation  
CIGNA CORPORATION Business Analysis Senior Spec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-16502-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ralph V. Shapiro

Mailing Address 32 Park Avenue Court #22

City State Zip Code  
West Springfield MA 01089

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

Name of Employer Occupation  
CIGNA CORPORATION Business Analysis Senior Spec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-16420-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **27.70**

**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 142 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Shearer	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address Po Box 189	<b>Transaction ID:</b> 20091208-10085-13-24
	City State Zip Code Auburn NH 03032	Amount of Each Receipt this Period 8.75
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Business Comm Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Shearer	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	Mailing Address Po Box 189	<b>Transaction ID:</b> 20091221-10046-23-35
	City State Zip Code Auburn NH 03032	Amount of Each Receipt this Period 8.75
	FEC ID number of contributing federal political committee. C	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Business Comm Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard J. Shube	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Mailing Address 1975 E. Belleview Ln.	<b>Transaction ID:</b> 20091208-17775-13-24
	City State Zip Code Greenwood Village CO 80121	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
Name of Employer CGI Sales	Occupation Sales Director-Direct Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	36.75
<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 143 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard J. Shube	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 1975 E. Belleview Ln.	<b>Transaction ID:</b> 20091221-17681-23-35
	City State Zip Code Greenwood Village CO 80121	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CGI Sales Sales Director-Direct Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen L. Shullick	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 7735 Camden Harbour Drive	<b>Transaction ID:</b> 20091221-8899-23-35
	City State Zip Code Bradenton FL 34212	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael D. Slice	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 19422 N 73rd Ave	<b>Transaction ID:</b> 20091208-4351-13-24
	City State Zip Code Glendale AZ 85308	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	46.50
<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: PAGE 144 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael D. Slice

Mailing Address 19422 N 73rd Ave

City State Zip Code  
Glendale AZ 85308

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

Name of Employer Occupation  
CIGNA HEALTHCARE OF AZ, INC Operations Senior Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-4339-23-35

Amount of Each Receipt this Period  
19.25

**B.**

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

Mailing Address 6268 Dry Canyon Lane

City State Zip Code  
Hixson TN 37343

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO App Development Senior Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-12775-13-24

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 6268 Dry Canyon Lane

City State Zip Code  
Hixson TN 37343

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO App Development Senior Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-12721-23-35

Amount of Each Receipt this Period  
10.00

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

39.25

**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 145 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William J. Smith		Date of Receipt	
	Mailing Address 269 Sunnybrook Rd		M M / D D / Y Y Y Y 12 / 10 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 20091208-8933-13-24
	Springfield	PA	19064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Business Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) William J. Smith		Date of Receipt	
	Mailing Address 269 Sunnybrook Rd		M M / D D / Y Y Y Y 12 / 24 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 20091221-8900-23-35
	Springfield	PA	19064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Business Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald R. Spelhaug		Date of Receipt	
	Mailing Address 5710 W Arrowhead Lakes Dr		M M / D D / Y Y Y Y 12 / 10 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 20091208-7215-13-24
	Glendale	AZ	85308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer CIGNA HEALTHCARE OF AZ, INC		Occupation Family Practice		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		

<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 146 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald R. Spelhaug	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 5710 W Arrowhead Lakes Dr	<b>Transaction ID:</b> 20091221-7191-23-35
	City State Zip Code Glendale AZ 85308	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Family Practice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Arlys Stadum	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 10115 47th Ave N	<b>Transaction ID:</b> 20091221-9606-23-35
	City State Zip Code Plymouth MN 55442	Amount of Each Receipt this Period 7.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Communications Director li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marjorie G. Stein	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 343 Brookway Rd	<b>Transaction ID:</b> 20091208-2308-13-24
	City State Zip Code Merion PA 19066	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA CORPORATION Employee Relations Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	39.70
<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 147 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marjorie G. Stein

Mailing Address 343 Brookway Rd

City Merion State PA Zip Code 19066

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

Name of Employer CIGNA CORPORATION Occupation Employee Relations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-2301-23-35

Amount of Each Receipt this Period 12.00

**B.**

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

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 662.64

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-4884-13-24

Amount of Each Receipt this Period 14.21

**C.**

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

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 662.64

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-4870-23-35

Amount of Each Receipt this Period 6.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 32.46

**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 148 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Cathrin Stickney  
 Mailing Address 1050 Hyatt Road E  
 City State Zip Code  
 Southhold NY 11971  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** 20091208-9065-13-24  
 Amount of Each Receipt this Period  
 19.25  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CT GENERAL LIFE INSURANCE Operations Senior Director  
 CO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.50

**B.** Full Name (Last, First, Middle Initial)  
Cathrin Stickney  
 Mailing Address 1050 Hyatt Road E  
 City State Zip Code  
 Southhold NY 11971  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 9  
**Transaction ID:** 20091221-9031-23-35  
 Amount of Each Receipt this Period  
 19.25  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CT GENERAL LIFE INSURANCE Operations Senior Director  
 CO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.50

**C.** Full Name (Last, First, Middle Initial)  
Mark D. Still  
 Mailing Address 350 Hillside St  
 City State Zip Code  
 Yarmouth ME 04096  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** 20091208-239-13-24  
 Amount of Each Receipt this Period  
 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CT GENERAL LIFE INSURANCE Provider Contracting Manager  
 CO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 48.50  
**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 149 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark D. Still

Mailing Address 350 Hillside St

City Yarmouth State ME Zip Code 04096

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Provider Contracting Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-238-23-35  
Amount of Each Receipt this Period: 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Cheryl L. Studier-Guthman

Mailing Address 355 Ross Rd

City Mineral Bluff State GA Zip Code 30559

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Account Install Senior Spec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-5481-13-24  
Amount of Each Receipt this Period: 10.00

**C.**

Full Name (Last, First, Middle Initial)  
Cheryl L. Studier-Guthman

Mailing Address 355 Ross Rd

City Mineral Bluff State GA Zip Code 30559

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

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: Account Install Senior Spec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-5466-23-35  
Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 150 / 189  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel M. Sullivan</p> <p>Mailing Address 95 Governors Way</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Operations Senior Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 10 / 2009</p> <p><b>Transaction ID:</b> 20091208-1805-13-24</p> <p>Amount of Each Receipt this Period 15.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel M. Sullivan</p> <p>Mailing Address 95 Governors Way</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Operations Senior Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 24 / 2009</p> <p><b>Transaction ID:</b> 20091221-1799-23-35</p> <p>Amount of Each Receipt this Period 15.00</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Gregory J. Sullivan</p> <p>Mailing Address 27 Sunny Heights Rd</p> <p>City State Zip Code Granby CT 06035</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Operations Senior Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 10 / 2009</p> <p><b>Transaction ID:</b> 20091208-13755-13-24</p> <p>Amount of Each Receipt this Period 20.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<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 151 / 189  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City State Zip Code  
Granby CT 06035

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Operations Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-13693-23-35

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Mark S. Swayne

Mailing Address 43 Seminary Rd

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Marketing Comm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-1738-13-24

Amount of Each Receipt this Period  
8.80

**C.** Full Name (Last, First, Middle Initial)  
Mark S. Swayne

Mailing Address 43 Seminary Rd

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Marketing Comm Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-1732-23-35

Amount of Each Receipt this Period  
8.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Shelly Swinford	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 5 Pinnacle Mountain Rd	<b>Transaction ID:</b> 20091208-4858-13-24
	City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.48	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shelly Swinford	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 5 Pinnacle Mountain Rd	<b>Transaction ID:</b> 20091221-4844-23-35
	City State Zip Code Simsbury CT 06070	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.48	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jan C. Sykes	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 803 W. Mesquite	<b>Transaction ID:</b> 20091208-10491-13-24
	City State Zip Code Phoenix AZ 85086	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation Operations Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>42.70</b>
<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 153 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jan C. Sykes  
 Mailing Address 803 W. Mesquite  
 City Phoenix State AZ Zip Code 85086  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-10447-23-35  
 Amount of Each Receipt this Period 10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation Operations Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**B.** Full Name (Last, First, Middle Initial)  
Kari C. Tamburin  
 Mailing Address Po Box 637  
 City Gunter State TX Zip Code 75058  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-6934-23-35  
 Amount of Each Receipt this Period 8.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Business Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

**C.** Full Name (Last, First, Middle Initial)  
D. Tammany  
 Mailing Address 1035 Temple Rd  
 City Pottstown State PA Zip Code 19465  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-3734-23-35  
 Amount of Each Receipt this Period 8.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CIGNA CORPORATION Occupation Association Chief Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 26.00  
**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 154 / 189

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Taghi Tavassoli

Mailing Address 5839 E Sanna St

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Urologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-5531-13-24

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Taghi Tavassoli

Mailing Address 5839 E Sanna St

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC

Occupation  
Urologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-5516-23-35

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeff S. Terrill

Mailing Address 9556 E Cortez St

City State Zip Code  
Scottsdale AZ 85260

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

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Rvp Segment Lead

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-9690-13-24

Amount of Each Receipt this Period

20.00

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

40.00

**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 155 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeff S. Terrill

Mailing Address 9556 E Cortez St

City State Zip Code  
Scottsdale AZ 85260

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Rvp Segment Lead

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-9654-23-35

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Thackeray

Mailing Address 1334 Holly Hill Drive

City State Zip Code  
Franklin TN 37064

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Manager Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.35

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-227-13-24

Amount of Each Receipt this Period

9.15

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Thackeray

Mailing Address 1334 Holly Hill Drive

City State Zip Code  
Franklin TN 37064

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Manager Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.35

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-226-23-35

Amount of Each Receipt this Period

9.15

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

38.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Timothy M. Thomas		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 334 E Orange Dr		<b>Transaction ID:</b> 20091208-7496-13-24
City Phoenix	State AZ	Zip Code 85012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Sales Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**B.**

Full Name (Last, First, Middle Initial) Timothy M. Thomas		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 334 E Orange Dr		<b>Transaction ID:</b> 20091221-7473-23-35
City Phoenix	State AZ	Zip Code 85012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Senior Sales Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**C.**

Full Name (Last, First, Middle Initial) Gary A. Thompson		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 16556 Brookhollow Drive		<b>Transaction ID:</b> 20091208-15636-13-24
City Noblesville	State IN	Zip Code 46062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer CIGNA CORPORATION	Occupation Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<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 157 / 189  
(check only one)

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

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

**A.**

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

Mailing Address 16556 Brookhollow Drive

City Noblesville State IN Zip Code 46062

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

Name of Employer CIGNA CORPORATION Occupation Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-15559-23-35  
Amount of Each Receipt this Period: 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick H. Thompson

Mailing Address 48 Middlebrook Rd

City West Hartford State CT Zip Code 06119

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Real Estate Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt: 12 / 24 / 2009  
**Transaction ID:** 20091221-193-23-35  
Amount of Each Receipt this Period: 7.70

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey E. Tindall

Mailing Address 47 Owens Brook Blvd

City Simsbury State CT Zip Code 06070

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

Name of Employer CIGNA CORPORATION Occupation Government Affairs Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID:** 20091208-14029-13-24  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.70**

**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 158 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey E. Tindall

Mailing Address 47 Owens Brook Blvd

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Government Affairs Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-13965-23-35

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Tucker

Mailing Address 522 E Commerce St

City State Zip Code  
Milford MI 48381

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 327.13

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-5486-13-24

Amount of Each Receipt this Period  
6.25

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Tucker

Mailing Address 522 E Commerce St

City State Zip Code  
Milford MI 48381

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 327.13

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-5471-23-35

Amount of Each Receipt this Period  
11.30

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

37.55

**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 159 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph E. Turgeon

Mailing Address 15 Lyman Rd

City State Zip Code  
Bolton CT 06043

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-13577-13-24

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph E. Turgeon

Mailing Address 15 Lyman Rd

City State Zip Code  
Bolton CT 06043

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Senior Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-13517-23-35

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Amy J. Turkington

Mailing Address 38901 Detroit Road

City State Zip Code  
Avon OH 44011

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Communications Director I  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-4621-13-24

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

**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 160 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Amy J. Turkington  
Mailing Address 38901 Detroit Road  
City Avon State OH Zip Code 44011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Communications Director I  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-4607-23-35  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Vaclavik  
Mailing Address 3911 Bellinger Way  
City Missouri City State TX Zip Code 77459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Quality Review/Audit Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 10 / 2009  
Transaction ID: 20091208-10102-13-24  
Amount of Each Receipt this Period 10.00

**C.** Full Name (Last, First, Middle Initial)  
Julie Vaclavik  
Mailing Address 3911 Bellinger Way  
City Missouri City State TX Zip Code 77459  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Quality Review/Audit Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: 20091221-10062-23-35  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00  
**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 161 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mario N. Vangeli

Mailing Address 18 Cambridge Ct

City Morganville State NJ Zip Code 07751

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Provider Contracting Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-2108-23-35

Amount of Each Receipt this Period 8.00

**B.**

Full Name (Last, First, Middle Initial)  
Julie A. Vayer

Mailing Address 111 Cliffmore Road

City West Hartford State CT Zip Code 06107

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

Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation Provider Contracting Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 24 / 2009

**Transaction ID:** 20091221-9956-23-35

Amount of Each Receipt this Period 7.70

**C.**

Full Name (Last, First, Middle Initial)  
Katharine L. Wade

Mailing Address 3 East Weatogue Strret

City Simsbury State CT Zip Code 06070

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

Name of Employer CIGNA CORPORATION Occupation Compliance Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 10 / 2009

**Transaction ID:** 20091208-803-13-24

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35.70**

**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 162 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Katharine L. Wade

Mailing Address 3 East Weatogue Strret

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Compliance Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-799-23-35

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael T. Wade

Mailing Address 3 E Weatogue St

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-10974-13-24

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael T. Wade

Mailing Address 3 E Weatogue St

City State Zip Code  
Simsbury CT 06070

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

Name of Employer Occupation  
CIGNA CORPORATION Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-10924-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

**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 163 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Wallach

Mailing Address 1409 Vassar St

City State Zip Code  
Houston TX 77006

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Provider Contracting Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
778.18

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2009

**Transaction ID:** 20091208-8958-13-24

Amount of Each Receipt this Period  
29.93

**B.**

Full Name (Last, First, Middle Initial)  
Brian Wallach

Mailing Address 1409 Vassar St

City State Zip Code  
Houston TX 77006

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Provider Contracting Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
778.18

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 24 / 2009

**Transaction ID:** 20091221-8924-23-35

Amount of Each Receipt this Period  
29.93

**C.**

Full Name (Last, First, Middle Initial)  
Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City State Zip Code  
Downingtown PA 19335

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

Name of Employer  
CIGNA CORPORATION

Occupation  
Financial Analysis Senior Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2009

**Transaction ID:** 20091208-10994-13-24

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.86**

**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 164 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City State Zip Code  
Downingtown PA 19335

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

Name of Employer Occupation  
CIGNA CORPORATION Financial Analysis Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-10944-23-35

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Wankerl

Mailing Address 514 Mount Vernon Rd

City State Zip Code  
Plantsville CT 06479

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Provider Contracting Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.60

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** 20091208-10614-13-24

Amount of Each Receipt this Period  
10.10

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Wankerl

Mailing Address 514 Mount Vernon Rd

City State Zip Code  
Plantsville CT 06479

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO Provider Contracting Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.60

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2009

**Transaction ID:** 20091221-10570-23-35

Amount of Each Receipt this Period  
10.10

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.20**

**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 165 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hollie K. Ward

Mailing Address 122 Cooper Hill Road

City State Zip Code  
Southbury CT 06488

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

Name of Employer Occupation  
CIGNA CORPORATION Human Resources Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2472-23-35

Amount of Each Receipt this Period  
8.00

**B.**

Full Name (Last, First, Middle Initial)  
John Watson

Mailing Address 215 Elm St

City State Zip Code  
Noank CT 06340

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

Name of Employer Occupation  
CIGNA CORPORATION Business Project Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-14962-13-24

Amount of Each Receipt this Period  
2.00

**C.**

Full Name (Last, First, Middle Initial)  
John Watson

Mailing Address 215 Elm St

City State Zip Code  
Noank CT 06340

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

Name of Employer Occupation  
CIGNA CORPORATION Business Project Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-14891-23-35

Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12.00**

**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 166 / 189  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott D. Watson	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 1813 Shadywood Ct	<b>Transaction ID:</b> 20091208-5299-13-24
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott D. Watson	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 1813 Shadywood Ct	<b>Transaction ID:</b> 20091221-5284-23-35
	City State Zip Code Chesterfield MO 63017	Amount of Each Receipt this Period 16.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen C. Wever	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 4 Brookhaven Cir	<b>Transaction ID:</b> 20091221-11560-23-35
	City State Zip Code South Barrington IL 60010	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>40.70</b>
<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 167 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Christopher J. Whelan		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 585 Country Club Rd		<b>Transaction ID:</b> 20091208-13491-13-24
City Avon	State CT	Zip Code 06001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Financial Analysis Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**B.**

Full Name (Last, First, Middle Initial) Christopher J. Whelan		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 585 Country Club Rd		<b>Transaction ID:</b> 20091221-13431-23-35
City Avon	State CT	Zip Code 06001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Financial Analysis Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**C.**

Full Name (Last, First, Middle Initial) Richard M. White		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 68 Longwood Dr		<b>Transaction ID:</b> 20091208-2168-13-24
City Portland	State ME	Zip Code 04102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 168 / 189  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard M. White

Mailing Address 68 Longwood Dr

City State Zip Code  
Portland ME 04102

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Provider Contracting Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-2161-23-35

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah B. Wiacek

Mailing Address 106 High Valley Dr

City State Zip Code  
Canton CT 06019

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Alt Inv Senior Managing Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: 20091208-789-13-24

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Deborah B. Wiacek

Mailing Address 106 High Valley Dr

City State Zip Code  
Canton CT 06019

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Alt Inv Senior Managing Director  
CO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-785-23-35

Amount of Each Receipt this Period

10.00

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

40.00

**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 169 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lance Wilkes		Date of Receipt
	Mailing Address 21 Arlington Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Avon	CT	06001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-9974-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Strategy Senior Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Lance Wilkes		Date of Receipt
	Mailing Address 21 Arlington Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Avon	CT	06001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091221-9935-23-35
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Financial Strategy Senior Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Witherspoon		Date of Receipt
	Mailing Address 509 Barrington Rd		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Signal Mountain	TN	37377
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20091208-6291-13-24
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation Underwriting Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="15.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="55.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 170 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eric Witherspoon

Mailing Address 509 Barrington Rd

City State Zip Code  
Signal Mountain TN 37377

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

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE Underwriting Director  
CO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-6271-23-35

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
Martha M. Wood

Mailing Address 1304 Delaware Ave Apt 5

City State Zip Code  
Wilmington DE 19806

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Business Project Manager  
ERICA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** 20091208-2838-13-24

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Martha M. Wood

Mailing Address 1304 Delaware Ave Apt 5

City State Zip Code  
Wilmington DE 19806

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AM- Business Project Manager  
ERICA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** 20091221-2831-23-35

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 171 / 189  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jules Paul Yancey		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 708 Augusta Dr		<b>Transaction ID:</b> 20091221-3374-23-35		
	City Bridgeville	State PA	Zip Code 15017	Amount of Each Receipt this Period 7.70	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Senior Sales Representative		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 200.20					

<b>B.</b>	Full Name (Last, First, Middle Initial) Bu Yang		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 121 High Wood Dr		<b>Transaction ID:</b> 20091208-9656-13-24		
	City South Glastonbury	State CT	Zip Code 06073	Amount of Each Receipt this Period 21.15	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Architecture Senior Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 549.90					

<b>C.</b>	Full Name (Last, First, Middle Initial) Bu Yang		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 121 High Wood Dr		<b>Transaction ID:</b> 20091221-9620-23-35		
	City South Glastonbury	State CT	Zip Code 06073	Amount of Each Receipt this Period 21.15	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer CT GENERAL LIFE INSURANCE CO		
Occupation Architecture Senior Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 549.90					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50.00</b>
<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 172 / 189  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Cheryl M. Yates  
 Mailing Address 133 Joes Beach Blvd  
 City Lexington State NC Zip Code 27292  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-4128-23-35  
 Amount of Each Receipt this Period 6.71  
 FEC ID number of contributing federal political committee. C  
 Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation Workers Comp Case Manager Spec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 200.08

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Youell  
 Mailing Address 21 Blood Rd  
 City Andover State MA Zip Code 01810  
 Date of Receipt 12 / 10 / 2009  
**Transaction ID:** 20091208-9091-13-24  
 Amount of Each Receipt this Period 9.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Senior Spec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 234.00

**C.** Full Name (Last, First, Middle Initial)  
Robert J. Youell  
 Mailing Address 21 Blood Rd  
 City Andover State MA Zip Code 01810  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** 20091221-9057-23-35  
 Amount of Each Receipt this Period 9.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Analysis Senior Spec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 234.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 24.71  
**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 173 / 189
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Young	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 18420 29th Avenue North	<b>Transaction ID:</b> 20091208-15591-13-24
	City State Zip Code Plymouth MN 55447	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHC Middle Market Sales Account Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Young	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 18420 29th Avenue North	<b>Transaction ID:</b> 20091221-15514-23-35
	City State Zip Code Plymouth MN 55447	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHC Middle Market Sales Account Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J. Young	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 5 Frost Rd	<b>Transaction ID:</b> 20091208-3447-13-24
	City State Zip Code Cinnaminson NJ 08077	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Operations Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<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 174 / 189  
(check only one)

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

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

A.

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

Mailing Address 5 Frost Rd

City State Zip Code  
Cinnaminson NJ 08077

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

Name of Employer Occupation  
LIFE INS. CO. OF NORTH AMERICA Operations Senior Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20091221-3436-23-35

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10458.45

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 189

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 678996396E6365C94D4</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Kelly A. Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> FE32EE0B37902D8DDC1</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> FDF3E42A7D3CE47E35D</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

5400.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5D38C54DD974974DFF0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) New Hampshire Democratic Party <hr/> Mailing Address 105 N. State Street Concord <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name New Hampshire Democratic Party <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 3390C3432F4E1A51E62 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee, The <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F77D424CDFC4D8414A0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

9400.00



**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Lundberg</p> <p>Mailing Address 212 Skyline Drive</p> <p>City Bristol State TN Zip Code 37620</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5646E1ACD0E0407B7E5 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Craig Fitzhugh Campaign</p> <p>Mailing Address 135 South Alpine</p> <p>City Ripley State TN Zip Code 38063</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 274815938ABC279AA07 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dennis Roach Campaign</p> <p>Mailing Address Route One Box 106</p> <p>City Rutledge State TN Zip Code 37861</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4D0418DCC0496D45AB <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>

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

650.00

**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Eric Stewart Campaign</p> <p>Mailing Address 300 Bobby Holt Lane</p> <p>City Belvidere State TN Zip Code 37306</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5C1714E3CE4ED0C61FF <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bill Ketron</p> <p>Mailing Address 2510 Blanton's Point</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6D1FDF9B5FED5C2CAF5 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Curry Todd</p> <p>Mailing Address 891 Lancelot Circle</p> <p>City Collierville State TN Zip Code 38017</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 888DC598D13F307E9D3 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>

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

700.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dennis Ferguson</p> <p>Mailing Address 2851 Roane State Highway</p> <p>City State Zip Code Harriman TN 37748</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0C6EA9DA5156CF028DE</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Doug Overbey</p> <p>Mailing Address PO Box 5316</p> <p>City State Zip Code Maryville TN 37802</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 25A84900701CD6FC890</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Frank Wagner</p> <p>Mailing Address PO Box 68008</p> <p>City State Zip Code Virginia Beach VA 23471</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 368FABB598A4C50586D</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

950.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joanne Favors <hr/> Mailing Address PO Box 23286 <hr/> City Chattanooga State TN Zip Code 37422 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6544A51E7919E40EE9E Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 200.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe McCord <hr/> Mailing Address 4222 Montvale Road <hr/> City Maryville State TN Zip Code 37803 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34F5BA4DAC388FE9347 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 200.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mark D. Sickles <hr/> Mailing Address PO Box 10628 <hr/> City Alexandria State VA Zip Code 22310 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FB0447FA753CD2E3FC6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

900.00

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Richard Saslaw <hr/> Mailing Address PO Box 1856 <hr/> City Springfield State VA Zip Code 22151-0856 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A5E2DB8FEB5E6162121 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sam Nixon <hr/> Mailing Address Post Office Box 34908 <hr/> City Richmond State VA Zip Code 23234 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5D619DE1D91D1758963 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Steve Southerland <hr/> Mailing Address 4648 Harbor Drive <hr/> City Morristown State TN Zip Code 37814 Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0A079115E5B42F5CE8C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Terry G. Kilgore</p> <p>Mailing Address PO Box 669</p> <p>City Gate City State VA Zip Code 24251</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> CB12CEFE60C814FA9AE <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Henry for State Senate</p> <p>Mailing Address 408 Wilsonia Avenue</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 976ADE4A4DD0C81FA34 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Plum for Delegate</p> <p>Mailing Address 2073 Cobblestone Lane</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6D8715E8C16DE89CB77 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

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

1250.00

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kent Williams Campaign <hr/> Mailing Address 126 South Main Street <hr/> City Elizabethton State TN Zip Code 37643 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74A878CEA60A0E7C4D1 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Phil Puckett for State Senate <hr/> Mailing Address Post Office Box 924 <hr/> City Tazewell State VA Zip Code 24651-0924 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C7B9814459987442E89 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Representative Beth Harwell <hr/> Mailing Address 42 Wyn Oak <hr/> City Nashville State TN Zip Code 37205 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D77DB2794DCA92718B8 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Representative Gerald McCormick <hr/> Mailing Address 5311 Fairview Road <hr/> City Hixson State TN Zip Code 37343 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 519C6F06E29CFC0E732 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Representative Glen Casada <hr/> Mailing Address 4893 Bethesda Duplex Road <hr/> City College Grove State TN Zip Code 37046 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 55B13D29CBB497F9A0B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Representative Mike Turner <hr/> Mailing Address 1408 Hadley Avenue <hr/> City Old Hickory State TN Zip Code 37138 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 264286CD24A118B988C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

700.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 189

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Jack Johnson <hr/> Mailing Address 6433 Trails End Road <hr/> City College Grove State TN Zip Code 37046-9146 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6A860D3456F07E60CD6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Senator Jamie Woodson <hr/> Mailing Address 1123 Regality way <hr/> City Knoxville State TN Zip Code 37923 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C909B8AC70102D6A2A2 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Senator Mark Norris <hr/> Mailing Address PO Box 381075 <hr/> City Germantown State TN Zip Code 38183 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDDAE3B489D2BBA0451 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 189

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Mike Faulk <hr/> Mailing Address 1001 Darby Court <hr/> City Kingsport State TN Zip Code 37660 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4C684803FC1DDDCAF45 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Senator Reginald Tate <hr/> Mailing Address 11A Legislative Plaza <hr/> City Nashville State TN Zip Code 37243-0033 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5555EF2024831C086EF <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Senator Rusty Crowe <hr/> Mailing Address 808 East Eighth Avenue <hr/> City Johnson City State TN Zip Code 37601 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 593F8B06BE6D7F73E83 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

750.00

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Speaker Emeritus Jimmy Naifeh <hr/> Mailing Address Post Office Box 97 <hr/> City Covington State TN Zip Code 38019 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EE67F5EAC570A73399B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Travis County Democratic Party <hr/> Mailing Address 1311 East Sixth Street <hr/> City Austin State TX Zip Code 78702 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4E8FAAFB37E3C52BD2C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Wampler for Senate <hr/> Mailing Address 510 Cumberland Street Suite 308 <hr/> City Bristol State VA Zip Code 24201 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FC0080847E6EACD54D8 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 189

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

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

A.	Full Name (Last, First, Middle Initial) William Janis for Delegate		Transaction ID: C2D7BD7734036B1C80E	
	Mailing Address Post Office Box 3703		Date of Disbursement 12 / 29 / 2009	
City State Zip Code Glen Allen VA 23058		Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Nonfederal Contribution		011 Category/ Type		
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) ..... ▶

500.00

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

12400.00