

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cigna Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		237988.38
(b) Cash on Hand at Beginning of Reporting Period.....	237988.38	
(c) Total Receipts (from Line 19)	50873.68	50873.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	288862.06	288862.06
7. Total Disbursements (from Line 31).....	12225.00	12225.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	276637.06	276637.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Signa Corporation Political Action Committee

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

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).....	11411.20	11411.20
(ii) Unitemized	39462.48	39462.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50873.68	50873.68
(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)	50873.68	50873.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50873.68	50873.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50873.68	50873.68

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1225.00	1225.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1225.00	1225.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12225.00	12225.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12225.00	12225.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50873.68	50873.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50873.68	50873.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1225.00	1225.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1225.00	1225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Anthony Abate
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Wildcat Road
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-18285-20-23
 Amount of Each Receipt this Period
 155.00

B. Anthony Abate
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Wildcat Road
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-18264-20-23
 Amount of Each Receipt this Period
 155.00

C. Melissa Ahmann-Tucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Rombauer Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Actuarial Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-30078-20-23
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00
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 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa R. Bacus
Full Name (Last, First, Middle Initial)

Mailing Address 188 Northington Drive

City Avon State CT Zip Code 06001

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

Name of Employer Cigna Corp. Occupation EVP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-25725-20-23

Amount of Each Receipt this Period
154.00

B. Lisa R. Bacus
Full Name (Last, First, Middle Initial)

Mailing Address 188 Northington Drive

City Avon State CT Zip Code 06001

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

Name of Employer Cigna Corp. Occupation EVP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-25677-20-23

Amount of Each Receipt this Period
154.00

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

Mailing Address 6043 Red Clover Lane

City Clarksville State MD Zip Code 21029

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

Name of Employer Cigna Corp. Occupation Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-30263-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	408.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Kim Bimestefer
 Full Name (Last, First, Middle Initial)
 Mailing Address 9832 Paperflower Drive
 City Parker State CO Zip Code 80138
 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-8051-20-23
 Amount of Each Receipt this Period
 90.00

B. Mark L. Boxer
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Partridge Lndg
 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 EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-9260-20-23
 Amount of Each Receipt this Period
 192.00

C. Mark L. Boxer
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Partridge Lndg
 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 EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-9257-20-23
 Amount of Each Receipt this Period
 192.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 39
(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. Brett C. Browchuk
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 Deercliff Road
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation SVP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-12919-20-23
 Amount of Each Receipt this Period
192.00

B. Brett C. Browchuk
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 Deercliff Road
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation SVP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-12910-20-23
 Amount of Each Receipt this Period
192.00

C. Robert F. Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Bantry Rd
 City Simsbury State CT Zip Code 06070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Coli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-376-20-23
 Amount of Each Receipt this Period
90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric P. Consolazio
Full Name (Last, First, Middle Initial)

Mailing Address 7 Stonefield Court

City Cortlandt Manor State NY Zip Code 10567

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-1719-20-23

Amount of Each Receipt this Period
100.00

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

Mailing Address 32 Lucy Way

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 President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : 20140113-450-20-23

Amount of Each Receipt this Period
192.00

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

Mailing Address 32 Lucy Way

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 President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-450-20-23

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional).....▶	484.00
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 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rebecca A. Croes
Full Name (Last, First, Middle Initial)

Mailing Address 16210 Bradford Shores Drive

City	State	Zip Code
Cypress	TX	77433

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

Name of Employer	Occupation
Cigna Corp.	Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-30406-20-23

Amount of Each Receipt this Period

75.00

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

Mailing Address 323 Turtle Trl

City	State	Zip Code
Lake Mary	FL	32746

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-7924-20-23

Amount of Each Receipt this Period

100.00

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

Mailing Address 2450 Seabrook Island Road

City	State	Zip Code
Johns Island	SC	29455

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

Name of Employer	Occupation
Cigna Corp.	RVP Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	16	/	2014

Transaction ID : 20140113-30644-20-23

Amount of Each Receipt this Period

170.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 39
(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. Robert L. Dawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Seabrook Island Road
 City Johns Island State SC Zip Code 29455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-30699-20-23
 Amount of Each Receipt this Period
 170.00

B. Christopher De Rosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 E Magdalena Dr
 City Orange State CA Zip Code 92867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-1615-20-23
 Amount of Each Receipt this Period
 100.00

C. John R. DeFeo
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Deverell Dr
 City North Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-19312-20-23
 Amount of Each Receipt this Period
 135.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 405.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 31 Deverell Dr

City North Barrington State IL Zip Code 60010

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

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-19289-20-23

Amount of Each Receipt this Period
135.00

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

Mailing Address 575 Aberdeen Rd

City Frankfort State IL Zip Code 60423

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-9442-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 3 Lydia Road

City Unionville State CT Zip Code 06085

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

Name of Employer Cigna Corp. Occupation IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-19882-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **285.00**

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 14 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James P. Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 Portledge Drive
 City State Zip Code
 Bryn Mawr PA 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cigna Corp. General Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-30282-20-23
 Amount of Each Receipt this Period
 100.00

B. Willis H. Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 Ridge Road
 City State Zip Code
 Hamden CT 06517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO Business Project Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-8954-20-23
 Amount of Each Receipt this Period
 100.00

C. John P. Godsill
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Talcott Range Drive
 City State Zip Code
 East Granby CT 06026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT GENERAL LIFE INSURANCE CO SVP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-8985-20-23
 Amount of Each Receipt this Period
 160.00

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 4 Talcott Range Drive

City East Granby State CT Zip Code 06026

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation SVP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **01 / 30 / 2014**

Transaction ID : 20140127-8980-20-23

Amount of Each Receipt this Period **160.00**

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

Mailing Address 11 Green Hill Rd

City Chester State NJ Zip Code 07930

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

Name of Employer Cigna Corp. Occupation President Global Employer Sgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **01 / 16 / 2014**

Transaction ID : 20140113-18055-20-23

Amount of Each Receipt this Period **192.00**

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

Mailing Address 11 Green Hill Rd

City Chester State NJ Zip Code 07930

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

Name of Employer Cigna Corp. Occupation President Global Employer Sgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **01 / 30 / 2014**

Transaction ID : 20140127-18034-20-23

Amount of Each Receipt this Period **192.00**

SUBTOTAL of Receipts This Page (optional)..... **544.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 E Mountain Rd
 City Canton State CT Zip Code 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Multi-Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-8941-20-23
 Amount of Each Receipt this Period
115.00

B. Christopher J. Hocevar
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 E Mountain Rd
 City Canton State CT Zip Code 06019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Multi-Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-8936-20-23
 Amount of Each Receipt this Period
115.00

C. Scott C. Huebner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3029 South Island Drive
 City Seabrook State TX Zip Code 77586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-30870-20-23
 Amount of Each Receipt this Period
160.00

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 17 OF 39
(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

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

Mailing Address 3029 South Island Drive

City State Zip Code
 Seabrook TX 77586

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

Name of Employer Occupation
 Cigna Corp. Segment Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-30925-20-23

Amount of Each Receipt this Period
 160.00

Full Name (Last, First, Middle Initial)
B. Julia M. Huggins

Mailing Address 1900 Killarny Dr

City State Zip Code
 Westminster MD 21157

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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-493-20-23

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. Jay L. Hurt

Mailing Address 5822 Mountain View Drive

City State Zip Code
 Kingwood TX 77345

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

Name of Employer Occupation
 Cigna Corp. General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-30924-20-23

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.00

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 OF 39
<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. Clifton S. Jacobson
Full Name (Last, First, Middle Initial)
Mailing Address 7034 Lakewood Blvd.
City Dallas State TX Zip Code 75214
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Marketing Product Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-30798-20-23
Amount of Each Receipt this Period
192.30

B. Clifton S. Jacobson
Full Name (Last, First, Middle Initial)
Mailing Address 7034 Lakewood Blvd.
City Dallas State TX Zip Code 75214
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation Marketing Product Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-30853-20-23
Amount of Each Receipt this Period
192.30

C. Nicole S. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 51 Old Stone Crossing
City West Hartford State CT Zip Code 06117
FEC ID number of contributing federal political committee. **C**
Name of Employer Cigna Corp. Occupation EVP Genl Counsel & Pub Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-12541-20-23
Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional).....▶	576.60
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:	PAGE 19 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 51 Old Stone Crossing

City West Hartford State CT Zip Code 06117

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-12533-20-23

Amount of Each Receipt this Period
192.00

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

Mailing Address 9 NE Lofting Way

City Stuart State FL Zip Code 34996

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

Name of Employer Cigna Corp. Occupation VP Consumer Health Engagement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-23298-20-23

Amount of Each Receipt this Period
160.00

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

Mailing Address 9 NE Lofting Way

City Stuart State FL Zip Code 34996

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

Name of Employer Cigna Corp. Occupation VP Consumer Health Engagement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-23258-20-23

Amount of Each Receipt this Period
160.00

SUBTOTAL of Receipts This Page (optional).....▶	512.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21302 Shawnee Park Dr.

City	State	Zip Code
Richmond	TX	77406

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

Name of Employer	Occupation
Cigna Corp.	Financial Analysis Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-30945-20-23

Amount of Each Receipt this Period

100.00

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

Mailing Address 35 Maple Street

City	State	Zip Code
New Canaan	CT	06840

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

Name of Employer	Occupation
Cigna Corp.	Strategic Sourcing Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-20382-20-23

Amount of Each Receipt this Period

75.00

C. Matthew G. Manders
Full Name (Last, First, Middle Initial)

Mailing Address 2 Remington Ln

City	State	Zip Code
Malvern	PA	19355

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

Name of Employer	Occupation
CT GENERAL LIFE INSURANCE CO	Pres Regional & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	16	/	2014

Transaction ID : 20140113-2020-20-23

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional).....▶	367.00
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 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew G. Manders
Full Name (Last, First, Middle Initial)

Mailing Address 2 Remington 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 Pres Regional & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **01 / 30 / 2014**

Transaction ID : 20140127-2020-20-23

Amount of Each Receipt this Period **192.00**

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

Mailing Address 13 Devonshire Ln

City Malvern State PA Zip Code 19355

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP Service Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **01 / 30 / 2014**

Transaction ID : 20140127-9812-20-23

Amount of Each Receipt this Period **75.00**

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

Mailing Address 5 Melville Walk

City Hingham State MA Zip Code 02043

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 ▼ **300.00**

Date of Receipt **01 / 30 / 2014**

Transaction ID : 20140127-9516-20-23

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **367.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas A. McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 Chester Rd
 City Devon State PA Zip Code 19333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-9086-20-23
 Amount of Each Receipt this Period
 125.00

B. Thomas A. McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 Chester Rd
 City Devon State PA Zip Code 19333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-9081-20-23
 Amount of Each Receipt this Period
 125.00

C. Gregory J. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 9450 Norwood Dr
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-29318-20-23
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 23 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank A. Monahan
Full Name (Last, First, Middle Initial)

Mailing Address 14705 Carter Rd

City Overland Park State KS Zip Code 66221

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-10819-20-23

Amount of Each Receipt this Period
100.00

B. Alan M. Muney
Full Name (Last, First, Middle Initial)

Mailing Address 70 Leeuwarden Rd

City Darien State CT Zip Code 06820

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

Name of Employer Cigna Corp. Occupation VP Total Med/Chief Med Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
01 / 16 / 2014
Transaction ID : 20140113-18132-20-23

Amount of Each Receipt this Period
175.00

C. Alan M. Muney
Full Name (Last, First, Middle Initial)

Mailing Address 70 Leeuwarden Rd

City Darien State CT Zip Code 06820

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

Name of Employer Cigna Corp. Occupation VP Total Med/Chief Med Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-18112-20-23

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 105 Mill View Ln

City Newtown Square State PA Zip Code 19073

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-10095-20-23

Amount of Each Receipt this Period
100.00

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

Mailing Address 11 Dally Farms Rd

City Windsor State CT Zip Code 06095

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-4352-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 28205 W Oviatt Rd

City Bay Village State OH Zip Code 44140

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-6896-20-23

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

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

Mailing Address 11712 Emerald Falls Drive

City Austin State TX Zip Code 78738

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

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-12471-20-23

Amount of Each Receipt this Period
192.30

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

Mailing Address 11712 Emerald Falls Drive

City Austin State TX Zip Code 78738

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

Name of Employer Cigna Corp. Occupation Government Affairs Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-12463-20-23

Amount of Each Receipt this Period
192.30

Full Name (Last, First, Middle Initial)
C. Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City Ellington State CT Zip Code 06029

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

Name of Employer Cigna Corp. Occupation Business Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-5605-20-23

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional).....▶	576.60
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 26 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Eric P. Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Ridgeview Drive
 City Ellington State CT Zip Code 06029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-5602-20-23
 Amount of Each Receipt this Period
 192.00

B. Charlene Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014
Transaction ID : 20140113-10449-20-23
 Amount of Each Receipt this Period
 115.00

C. Charlene Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cigna Corp. Occupation VP Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : 20140127-10443-20-23
 Amount of Each Receipt this Period
 115.00

SUBTOTAL of Receipts This Page (optional).....▶	422.00
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 27 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 27622 Robillard Springs Lane

City	State	Zip Code
Katy	TX	77494

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

Name of Employer	Occupation
Cigna Corp.	Marketing Product Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-30918-20-23

Amount of Each Receipt this Period

100.00

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

Mailing Address 707 Glendale Road

City	State	Zip Code
Glenview	IL	60025

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

Name of Employer	Occupation
Cigna Corp.	General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-13895-20-23

Amount of Each Receipt this Period

100.00

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

Mailing Address 39 Split Rock Dr.

City	State	Zip Code
Wolcott	CT	06716

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

Name of Employer	Occupation
Cigna Corp.	IT Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2014

Transaction ID : 20140127-16560-20-23

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey T. Rigg
Full Name (Last, First, Middle Initial)

Mailing Address 7 Westmeadow Lane

City Newark State DE Zip Code 19711

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

Name of Employer Cigna Corp. Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-20178-20-23

Amount of Each Receipt this Period
100.00

B. Kevin L. Ritchie
Full Name (Last, First, Middle Initial)

Mailing Address 15 William Street

City New York State NY Zip Code 10005

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-806-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 23 Livingston Road

City Canton State CT Zip Code 06019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-1808-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 150 W Simsbury Rd

City Canton State CT Zip Code 06019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
01 / 16 / 2014
Transaction ID : **20140113-7809-20-23**

Amount of Each Receipt this Period
192.00

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

Mailing Address 150 W Simsbury Rd

City Canton State CT Zip Code 06019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt
01 / 30 / 2014
Transaction ID : **20140127-7806-20-23**

Amount of Each Receipt this Period
192.00

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

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 SVP Chief Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
01 / 30 / 2014
Transaction ID : **20140127-439-20-23**

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... **469.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diana Sousa
Full Name (Last, First, Middle Initial)

Mailing Address 995 Prospect Avenue

City Hartford State CT Zip Code 06105

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

Name of Employer Cigna Corp. Occupation Business Comm Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **01 / 30 / 2014**
Transaction ID : 20140127-20298-20-23

Amount of Each Receipt this Period **90.00**

B. Gerald T. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 114 Woodland Drive

City Fair Haven State NJ Zip Code 07704

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

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **01 / 16 / 2014**
Transaction ID : 20140113-16639-20-23

Amount of Each Receipt this Period **192.00**

C. Gerald T. Sweeney
Full Name (Last, First, Middle Initial)

Mailing Address 114 Woodland Drive

City Fair Haven State NJ Zip Code 07704

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

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt **01 / 30 / 2014**
Transaction ID : 20140127-16621-20-23

Amount of Each Receipt this Period **192.00**

SUBTOTAL of Receipts This Page (optional)..... **474.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael W. Triplett
Full Name (Last, First, Middle Initial)

Mailing Address 2411 Littlecote Ln

City Richmond State VA Zip Code 23236

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Segment Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-689-20-23

Amount of Each Receipt this Period
100.00

B. Julie A. Vayer
Full Name (Last, First, Middle Initial)

Mailing Address 15 Woodside Circle

City Hartford State CT Zip Code 06105

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

Name of Employer Cigna BEHAVIORAL HEALTH, INC. Occupation VP Total Health & Network Oper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-7741-20-23

Amount of Each Receipt this Period
75.00

C. Patricia J. Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 88 Bancroft Rd

City Northampton State MA Zip Code 01060

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

Name of Employer Cigna Corp. Occupation VP Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 30 / 2014
Transaction ID : 20140127-20223-20-23

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<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

Full Name (Last, First, Middle Initial) A. Lance Wilkes		Date of Receipt
Mailing Address 85 Tyler Court		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Avon State CT Zip Code 06001		Transaction ID : 20140127-7725-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Financial Strategy Sr Director		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="225.00"/>

Full Name (Last, First, Middle Initial) B. Bradley A. Wolfram		Date of Receipt
Mailing Address 1405 High Lonesome		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Leander State TX Zip Code 78641-3660		Transaction ID : 20140127-31740-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna Corp. Occupation General Manager		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="225.00"/>

Full Name (Last, First, Middle Initial) C. John M. Wray		Date of Receipt
Mailing Address 118 West 79th Street		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City New York State NY Zip Code 10024		Transaction ID : 20140113-23800-20-23
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cigna Corp. Occupation VP Network Delivery Systems		<input type="text" value="175.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="525.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

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

Mailing Address 118 West 79th Street

City New York State NY Zip Code 10024

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

Name of Employer Cigna Corp. Occupation VP Network Delivery Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-23758-20-23

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. David G. Zach

Mailing Address 9 Heritage Lane

City Phoenixville State PA Zip Code 19460

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

Name of Employer Cigna Corp. Occupation Sales Director-Sales Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : 20140127-26431-20-23

Amount of Each Receipt this Period
75.00

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

Mailing Address 17 Ashford Lane

City Newtown State CT Zip Code 06470

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

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2014
Transaction ID : 20140113-24431-20-23

Amount of Each Receipt this Period
154.00

SUBTOTAL of Receipts This Page (optional).....▶	404.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 39
(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. George Zaruba
Full Name (Last, First, Middle Initial)

Mailing Address 17 Ashford Lane

City Newtown State CT Zip Code 06470

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

Name of Employer Cigna Corp. Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 20140127-24387-20-23

Amount of Each Receipt this Period
154.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	11411.20

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. Cigna Corporation

Mailing Address Two Liberty Place, TL16B
1601 Chestnut Street

City Philadelphia State PA Zip Code 19192

Purpose of Disbursement
Reimbursement to Corp. for 2013 Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : V3C5968D4F7A752A9146

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2014 Primary

011

Candidate Name

Charles W. Dent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Transaction ID : 6DC0F3BD797929FEBE6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Transaction ID : D5679D5AAB5F40B7930

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

6000.00

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. Dempsey For Missouri

Mailing Address Two Westbury Drive

City State Zip Code
St Charles MO 63301

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 20 / 2014

Transaction ID : B18AF5836487708B57D

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Diehl

Mailing Address 2404 White Stable Road

City State Zip Code
Town & Country MO 63131

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 20 / 2014

Transaction ID : 9998F0996E1089B3D38

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jay Barnes

Mailing Address 219 East Dunklin Street Suite A

City State Zip Code
Jefferson City MO 65101

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 20 / 2014

Transaction ID : 5C176BEC2C4AFEC9198

Amount of Each Disbursement this Period

500.00

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

2000.00

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

Full Name (Last, First, Middle Initial)

A. Friends of Todd Richardson

Mailing Address PO Box 310

City Poplar Bluff State MO Zip Code 63902

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Transaction ID : 0373FF2B51791FE6999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Wayne Wallingford

Mailing Address PO Box 514

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Transaction ID : 156E4BF1F4570EA9F5D

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Missourians For Koster

Mailing Address PO Box 1551

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Transaction ID : 97DA7E7018908EBFEAE

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

