

# 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  
 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 09 01 2006 through 09 30 2006

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 Mari Newman, Asst. Treasurer

Signature of Treasurer Electronically Filed by Mari Newman, Asst. Treasurer Date 10 03 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		19403.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	38868.99									
(c) Total Receipts (from Line 19) .....	12238.65	145177.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51107.64	164580.64								
7. Total Disbursements (from Line 31) .....	35514.00	148987.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15593.64	15593.64								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	4622.48	46628.26
(i) Itemized (use Schedule A) .....	7616.17	98548.97
(ii) Unitemized .....	12238.65	145177.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12238.65	145177.23
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)) .....	12238.65	145177.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12238.65	145177.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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	75.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	75.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	23500.00	114740.00
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 .....	80.00	80.00
(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)) .....	80.00	80.00
29. Other Disbursements.....	11934.00	34092.00
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))..	35514.00	148987.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35514.00	148987.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	12238.65	145177.23
34. Total Contribution Refunds (from Line 28(d)) .....	80.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12158.65	145097.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	75.00
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	75.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> James Austin		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 394 W Remington Drive		<b>Transaction ID:</b> 20060927-8636-13-44
City State Zip Code Chandler AZ 85248-2642	Amount of Each Receipt this Period 22.45	
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 ▼ 419.12	

Full Name (Last, First, Middle Initial) <b>B.</b> James Austin		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 394 W Remington Drive		<b>Transaction ID:</b> 20060905-8693-23-0
City State Zip Code Chandler AZ 85248-2642	Amount of Each Receipt this Period 22.45	
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 ▼ 419.12	

Full Name (Last, First, Middle Initial) <b>C.</b> Rosemary B Bartley		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 2958 Bartelmy Lane		<b>Transaction ID:</b> 20060927-9449-13-44
City State Zip Code Saint Paul MN 55109-1518	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA BEHAVIORAL HEALTH, INC.	Occupation ADMIN SVCS SR SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 86</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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Rosemary B Bartley		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2958 Bartelmy Lane		<b>Transaction ID:</b> 20060905-9512-23-0	
City State Zip Code Saint Paul MN 55109-1518	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA BEHAVIORAL HEALTH, INC.	Occupation ADMIN SVCS SR SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Bell		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> 20060927-6822-13-44	
City State Zip Code Berwyn PA 19312-1992	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation EVP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Bell		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2126 Inverness Lane		<b>Transaction ID:</b> 20060905-6867-23-0	
City State Zip Code Berwyn PA 19312-1992	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation EVP CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 86
	(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"/> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Roma Bernson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 2903 Twin Knolls Drive		<b>Transaction ID:</b> 20060927-11929-13-44
City State Zip Code Kingwood TX 77339-1206	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Roma Bernson		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 2903 Twin Knolls Drive		<b>Transaction ID:</b> 20060905-12023-23-0
City State Zip Code Kingwood TX 77339-1206	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Paul B Borgesen		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 7022 W Kimberly Way		<b>Transaction ID:</b> 20060927-9662-13-44
City State Zip Code Glendale AZ 85308-5758	Amount of Each Receipt this Period 22.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation OTOLARYNGOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<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) <b>A. Paul B Borgesen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 7022 W Kimberly Way		<b>Transaction ID: 20060905-9726-23-0</b>	
City Glendale	State AZ	Zip Code 85308-5758	Amount of Each Receipt this Period 22.04
FEC ID number of contributing federal political committee. C			
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation OTOLARYNGOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.76		

Full Name (Last, First, Middle Initial) <b>B. Zigmund R Brzezinski</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 15 Olden Drive		<b>Transaction ID: 20060927-4014-13-44</b>	
City Flemington	State NJ	Zip Code 08822-1978	Amount of Each Receipt this Period 13.07
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.24		

Full Name (Last, First, Middle Initial) <b>C. Zigmund R Brzezinski</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 15 Olden Drive		<b>Transaction ID: 20060905-4032-23-0</b>	
City Flemington	State NJ	Zip Code 08822-1978	Amount of Each Receipt this Period 13.07
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 86
	<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) <b>A. M. L Buckley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 3651 N Leavitt Street		<b>Transaction ID: 20060927-6926-13-44</b>	
City State Zip Code Chicago IL 60618-4821	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 ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.04		

Full Name (Last, First, Middle Initial) <b>B. M. L Buckley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 3651 N Leavitt Street		<b>Transaction ID: 20060905-6972-23-0</b>	
City State Zip Code Chicago IL 60618-4821	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 ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.04		

Full Name (Last, First, Middle Initial) <b>C. Gregory Cain</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 3802 Highland Drive		<b>Transaction ID: 20060927-13297-13-44</b>	
City State Zip Code Boothwyn PA 19061-1861	Amount of Each Receipt this Period 11.05		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation HEALTH SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Christophe M Coloian		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 36 Ruth Circle		<b>Transaction ID:</b> 20060927-14051-13-44	
City Malvern	State PA	Zip Code 19355-3188	Amount of Each Receipt this Period 12.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL PROGRAM SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Christophe M Coloian		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 36 Ruth Circle		<b>Transaction ID:</b> 20060905-14161-23-0	
City Malvern	State PA	Zip Code 19355-3188	Amount of Each Receipt this Period 12.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MEDICAL PROGRAM SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Carroll O Conway		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 60 Brenway Drive		<b>Transaction ID:</b> 20060927-3711-13-44	
City West Hartford	State CT	Zip Code 06117-3010	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 OPERATIONS SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	44.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Carroll O Conway</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 60 Brenway Drive		<b>Transaction ID: 20060905-3730-23-0</b>	
City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-3010</b>	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 OPERATIONS SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. David M Cordani</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 32 Lucy Way		<b>Transaction ID: 20060927-670-13-44</b>	
City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-2527</b>	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SVP CUSTOMER SEGMENT & MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00		

Full Name (Last, First, Middle Initial) <b>C. David M Cordani</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 32 Lucy Way		<b>Transaction ID: 20060905-671-23-0</b>	
City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-2527</b>	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SVP CUSTOMER SEGMENT & MKTG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 86
	<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) <b>A.</b> Andrew D Crooks		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 323 Turtle Trail		<b>Transaction ID:</b> 20060927-13540-13-44
City Lake Mary	State FL	Zip Code 32746-3619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Andrew D Crooks		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 323 Turtle Trail		<b>Transaction ID:</b> 20060905-13646-23-0
City Lake Mary	State FL	Zip Code 32746-3619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Fidel Davila		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 5909 Edinburgh Drive		<b>Transaction ID:</b> 20060927-11591-13-44
City Plano	State TX	Zip Code 75093-4743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 86
	<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) <b>A. Fidel Davila</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 5909 Edinbrough Drive		<b>Transaction ID:</b> 20060905-11680-23-0 Amount of Each Receipt this Period 20.00
City State Zip Code Plano TX 75093-4743	FEC ID number of contributing federal political committee. C	
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Johannes M De Jong</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 6122 McCallum Street		<b>Transaction ID:</b> 20060927-323-13-44 Amount of Each Receipt this Period 25.00
City State Zip Code Philadelphia PA 19144-2604	FEC ID number of contributing federal political committee. C	
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Johannes M De Jong</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 6122 McCallum Street		<b>Transaction ID:</b> 20060905-323-23-0 Amount of Each Receipt this Period 25.00
City State Zip Code Philadelphia PA 19144-2604	FEC ID number of contributing federal political committee. C	
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 86
	(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"/> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas P Degenmis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 2276 Warner Road		<b>Transaction ID:</b> 20060927-1120-13-44
City Lansdale	State PA	Zip Code 19446-5853
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP SERVICE OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas P Degenmis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 2276 Warner Road		<b>Transaction ID:</b> 20060905-1122-23-0
City Lansdale	State PA	Zip Code 19446-5853
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP SERVICE OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David R DeVoe		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 303 Saint Peters Way		<b>Transaction ID:</b> 20060927-1288-13-44
City Philadelphia	State PA	Zip Code 19106-4230
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 19.23	
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>119.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. David R DeVoe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 303 Saint Peters Way		<b>Transaction ID: 20060905-1292-23-0</b>	
City Philadelphia	State PA	Zip Code 19106-4230	Amount of Each Receipt this Period 19.23
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37		

Full Name (Last, First, Middle Initial) <b>B. Keith Dixon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1715 Morgan Avenue S		<b>Transaction ID: 20060927-9324-13-44</b>	
City Minneapolis	State MN	Zip Code 55405-2205	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA BEHAVIORAL HEALTH, INC.	Occupation PRESIDENT BEHAVIORAL HEALTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>C. Keith Dixon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1715 Morgan Avenue S		<b>Transaction ID: 20060905-9386-23-0</b>	
City Minneapolis	State MN	Zip Code 55405-2205	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA BEHAVIORAL HEALTH, INC.	Occupation PRESIDENT BEHAVIORAL HEALTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeannine Doherty		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 15038 N 43rd Street		<b>Transaction ID:</b> 20060927-48-13-44
City Phoenix	State AZ	Zip Code 85032-8107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
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 ▼ 293.38	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeannine Doherty		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 15038 N 43rd Street		<b>Transaction ID:</b> 20060905-48-23-0
City Phoenix	State AZ	Zip Code 85032-8107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
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 ▼ 293.38	

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa A Douglas		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 773 Palisado Avenue		<b>Transaction ID:</b> 20060927-453-13-44
City Windsor	State CT	Zip Code 06095-2029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 14.35
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MARKETING PRODUCT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	25.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Lisa A Douglas</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 773 Palisado Avenue		<b>Transaction ID: 20060905-453-23-0</b>	
City Windsor State CT Zip Code 06095-2029	Amount of Each Receipt this Period 14.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MARKETING PRODUCT DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.37		

Full Name (Last, First, Middle Initial) <b>B. Todd M Ebersole</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 31946 La Subida Drive		<b>Transaction ID: 20060927-10448-13-44</b>	
City Trabuco Canyon State CA Zip Code 92679-3406	Amount of Each Receipt this Period 12.74		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 241.39		

Full Name (Last, First, Middle Initial) <b>C. Todd M Ebersole</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 31946 La Subida Drive		<b>Transaction ID: 20060905-10517-23-0</b>	
City Trabuco Canyon State CA Zip Code 92679-3406	Amount of Each Receipt this Period 13.04		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 241.39		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Daryl W Edmonds		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 9211 Sand Hill Street		<b>Transaction ID:</b> 20060927-9742-13-44	
City State Zip Code Highlands Ranch CO 80126-5219	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 GENERAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Daryl W Edmonds		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 9211 Sand Hill Street		<b>Transaction ID:</b> 20060905-9806-23-0	
City State Zip Code Highlands Ranch CO 80126-5219	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 GENERAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John G Eisele		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 43 Windham Drive		<b>Transaction ID:</b> 20060927-7143-13-44	
City State Zip Code Simsbury CT 06070-1227	Amount of Each Receipt this Period 11.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation REAL ESTATE MANAGING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	61.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<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.** Full Name (Last, First, Middle Initial)  
Beverly J Everett

Mailing Address 3826 Casey Leigh Lane

City Raleigh State NC Zip Code 27612-4258

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 ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2006

**Transaction ID:** 20060927-149-13-44

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 3826 Casey Leigh Lane

City Raleigh State NC Zip Code 27612-4258

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 ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2006

**Transaction ID:** 20060905-149-23-0

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 6325 Wescates Court

City Brentwood State TN Zip Code 37027-5648

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 ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2006

**Transaction ID:** 20060927-12556-13-44

Amount of Each Receipt this Period  
 25.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. David Ferriss</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 6325 Wescates Court		<b>Transaction ID:</b> 20060905-12652-23-0	
City Brentwood	State TN	Amount of Each Receipt this Period 25.00	
Zip Code 37027-5648			
FEC ID number of contributing federal political committee. C			
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 ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>B. Robert S Fry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1004 Beech Bay Road		<b>Transaction ID:</b> 20060927-4294-13-44	
City Poplar Grove	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 61065-8242			
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 ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C. Robert S Fry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1004 Beech Bay Road		<b>Transaction ID:</b> 20060905-4315-23-0	
City Poplar Grove	State IL	Amount of Each Receipt this Period 20.00	
Zip Code 61065-8242			
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 ▼ 380.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. David J Giannoni</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 2030 James Farm Road		<b>Transaction ID: 20060927-6208-13-44</b>	
City State Zip Code Stratford CT 06614-1071	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 ▼ 614.71		

Full Name (Last, First, Middle Initial) <b>B. David J Giannoni</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2030 James Farm Road		<b>Transaction ID: 20060905-6250-23-0</b>	
City State Zip Code Stratford CT 06614-1071	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 ▼ 614.71		

Full Name (Last, First, Middle Initial) <b>C. Timothy J Gifford</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 211 Croftridge Drive		<b>Transaction ID: 20060927-6844-13-44</b>	
City State Zip Code Broomall PA 19008-1514	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation VP CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	33.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy J Gifford		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 211 Croftidge Drive		<b>Transaction ID:</b> 20060905-6889-23-0	
City State Zip Code Broomall PA 19008-1514	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation VP CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Paul J Gontarek		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 7442 Devon Street		<b>Transaction ID:</b> 20060927-4467-13-44	
City State Zip Code Philadelphia PA 19119-1018	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Paul J Gontarek		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 7442 Devon Street		<b>Transaction ID:</b> 20060905-4488-23-0	
City State Zip Code Philadelphia PA 19119-1018	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas E Greenebaum		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 15 Avalon Drive		<b>Transaction ID:</b> 20060927-15081-13-44
City Avon	State CT	Zip Code 06001-3539
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas E Greenebaum		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 15 Avalon Drive		<b>Transaction ID:</b> 20060905-15203-23-0
City Avon	State CT	Zip Code 06001-3539
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph C Gregor		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 1204 Hadleigh Drive		<b>Transaction ID:</b> 20060927-5818-13-44
City West Chester	State PA	Zip Code 19380-5832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation RVP SEGMENT LEAD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Joseph C Gregor</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1204 Hadleigh Drive		<b>Transaction ID: 20060905-5850-23-0</b>	
City State Zip Code West Chester PA 19380-5832	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation RVP SEGMENT LEAD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

Full Name (Last, First, Middle Initial) <b>B. Douglas R Hadley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 301 Glen Echo Lane Apt. B		<b>Transaction ID: 20060927-10181-13-44</b>	
City State Zip Code Cary NC 27511-9680	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation NATIONAL MEDICAL SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C. Douglas R Hadley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 301 Glen Echo Lane Apt. B		<b>Transaction ID: 20060905-10248-23-0</b>	
City State Zip Code Cary NC 27511-9680	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation NATIONAL MEDICAL SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 86
	(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"/> 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

Full Name (Last, First, Middle Initial) <b>A. Michael R Halford</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 5400 Kincross Lane		<b>Transaction ID: 20060927-8200-13-44</b>	
City State Zip Code Charlotte NC 28277-8776	Amount of Each Receipt this Period 10.58		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation CLAIMS SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.02		

Full Name (Last, First, Middle Initial) <b>B. Cheryl S Haynes</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 5320 Sunnyvale Drive		<b>Transaction ID: 20060927-5822-13-44</b>	
City State Zip Code Antioch TN 37013-5663	Amount of Each Receipt this Period 11.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROJECT MANAGEMENT SR SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00		

Full Name (Last, First, Middle Initial) <b>C. Clay R Hedlund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 2504 Briarcrest Drive		<b>Transaction ID: 20060927-10156-13-44</b>	
City State Zip Code Irving TX 75063-3175	Amount of Each Receipt this Period 11.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA DENTAL HEALTH, INC.	Occupation DENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	33.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Clay R Hedlund		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 2504 Briarcrest Drive		<b>Transaction ID:</b> 20060905-10222-23-0
City Irving State TX Zip Code 75063-3175	Amount of Each Receipt this Period 11.59	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA DENTAL HEALTH, INC. Occupation DENTIST	Aggregate Year-to-Date ▼ 218.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert P Hockmuth		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 135 Brackett Road		<b>Transaction ID:</b> 20060927-1110-13-44
City Rye State NH Zip Code 03870-2044	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	Aggregate Year-to-Date ▼ 365.56	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert P Hockmuth		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 135 Brackett Road		<b>Transaction ID:</b> 20060905-1112-23-0
City Rye State NH Zip Code 03870-2044	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	Aggregate Year-to-Date ▼ 365.56	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 86
	<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

Full Name (Last, First, Middle Initial) A. Jerilyn Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 136 Avondale Avenue		Transaction ID: 20060927-3103-13-44
City Haddonfield	State NJ	Zip Code 08033-2636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.99
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.07	

Full Name (Last, First, Middle Initial) B. Jerilyn Jacobs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 136 Avondale Avenue		Transaction ID: 20060905-3117-23-0
City Haddonfield	State NJ	Zip Code 08033-2636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.99
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.07	

Full Name (Last, First, Middle Initial) C. William S Jameson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 690 Bradford Street		Transaction ID: 20060927-10433-13-44
City Pasadena	State CA	Zip Code 91105-2411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation ASSOC CHIEF COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	52.98
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> William S Jameson		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 690 Bradford Street		<b>Transaction ID:</b> 20060905-10502-23-0
City Pasadena State CA Zip Code 91105-2411	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer CT GENERAL LIFE INSURANCE CO Occupation ASSOC CHIEF COUNSEL	Aggregate Year-to-Date ▼ 475.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Frank E Jones		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 2622 Cedarvue Drive		<b>Transaction ID:</b> 20060927-4653-13-44
City Pittsburgh State PA Zip Code 15241-2912	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.96
Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR	Aggregate Year-to-Date ▼ 298.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Frank E Jones		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 2622 Cedarvue Drive		<b>Transaction ID:</b> 20060905-4675-23-0
City Pittsburgh State PA Zip Code 15241-2912	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.96
Name of Employer INT'L REHAB. ASSOCIATES, INC. Occupation MEDICAL DIRECTOR	Aggregate Year-to-Date ▼ 298.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>56.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 86
	(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"/> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Scott Josephs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 403 Tramore Drive		<b>Transaction ID:</b> 20060927-11325-13-44
City Chapel Hill	State NC	Zip Code 27516-4642
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 MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Scott Josephs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 403 Tramore Drive		<b>Transaction ID:</b> 20060905-11408-23-0
City Chapel Hill	State NC	Zip Code 27516-4642
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 MEDICAL SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kristin P Julason		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 2939 Van Ness Street Northwest Apt		<b>Transaction ID:</b> 20060927-3680-13-44
City Washington	State DC	Zip Code 20008-4629
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 GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kristin P Julason		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2939 Van Ness Street Northwest Apt		<b>Transaction ID:</b> 20060905-3698-23-0	
City State Zip Code Washington DC 20008-4629	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Diana L Kycia		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 98 Garfield Road		<b>Transaction ID:</b> 20060927-1331-13-44	
City State Zip Code West Hartford CT 06107-2910	Amount of Each Receipt this Period 11.07		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.69		

Full Name (Last, First, Middle Initial) <b>C.</b> Rene R LaFleur		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 169 Burnham Road		<b>Transaction ID:</b> 20060927-279-13-44	
City State Zip Code Lowell MA 01852-1611	Amount of Each Receipt this Period 6.24		
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 ▼ 240.66		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	32.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 86
	<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) <b>A. Rene R LaFleur</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 169 Burnham Road		<b>Transaction ID: 20060905-279-23-0</b>	
City Lowell	State MA	Zip Code 01852-1611	Amount of Each Receipt this Period 6.24
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation SENIOR ACCOUNT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.66		

Full Name (Last, First, Middle Initial) <b>B. Kenneth P Langevin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 32 Castlewood Road		<b>Transaction ID: 20060927-1904-13-44</b>	
City West Hartford	State CT	Zip Code 06107-2903	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
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 ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>C. Kenneth P Langevin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 32 Castlewood Road		<b>Transaction ID: 20060905-1905-23-0</b>	
City West Hartford	State CT	Zip Code 06107-2903	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
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 ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	36.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 86
	<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) <b>A.</b> William P Lawless		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 509 S Bay Shore Boulevard		<b>Transaction ID:</b> 20060927-2765-13-44
City Gilbert	State AZ	Zip Code 85233-6624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William P Lawless		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 509 S Bay Shore Boulevard		<b>Transaction ID:</b> 20060905-2776-23-0
City Gilbert	State AZ	Zip Code 85233-6624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa F Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 15602 Eastbourn Drive		<b>Transaction ID:</b> 20060927-5014-13-44
City Odessa	State FL	Zip Code 33556-2850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.33
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	52.33
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lisa F Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 15602 Eastbourn Drive		<b>Transaction ID:</b> 20060905-5037-23-0	
City Odessa	State FL	Zip Code 33556-2850	Amount of Each Receipt this Period 12.33
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.85		

Full Name (Last, First, Middle Initial) <b>B.</b> Christophe R Loomis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 909 Overton Avenue		<b>Transaction ID:</b> 20060927-7097-13-44	
City Yardley	State PA	Zip Code 19067-1025	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Christophe R Loomis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 909 Overton Avenue		<b>Transaction ID:</b> 20060905-7144-23-0	
City Yardley	State PA	Zip Code 19067-1025	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation ASSOC CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 86
	<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) <b>A.</b> Jon E Maesner		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 22 Crosswood Road		<b>Transaction ID:</b> 20060927-10192-13-44
City Farmington	State CT	Zip Code 06032-1043
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jon E Maesner		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 22 Crosswood Road		<b>Transaction ID:</b> 20060905-10259-23-0
City Farmington	State CT	Zip Code 06032-1043
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Carla C Mangiafico		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 47 Kelsey Lane		<b>Transaction ID:</b> 20060927-373-13-44
City Glastonbury	State CT	Zip Code 06033-5040
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 ACCOUNTING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	45.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 86
	<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) <b>A. Carla C Mangiafico</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 47 Kelsey Lane		<b>Transaction ID: 20060905-373-23-0</b>	
City Glastonbury	State CT	Zip Code 06033-5040	
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 ACCOUNTING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B. David Mannis</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 5 Meade Lane		<b>Transaction ID: 20060927-2541-13-44</b>	
City Chappaqua	State NY	Zip Code 10514-1208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GOVERNMENT AFFAIRS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name (Last, First, Middle Initial) <b>C. David Mannis</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 5 Meade Lane		<b>Transaction ID: 20060905-2549-23-0</b>	
City Chappaqua	State NY	Zip Code 10514-1208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation GOVERNMENT AFFAIRS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	39.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> John W Matheny		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 43 S Taylor Point Drive		<b>Transaction ID:</b> 20060927-6566-13-44
City State Zip Code the Woodlands TX 77382-1243	Amount of Each Receipt this Period 16.02	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 296.74	

Full Name (Last, First, Middle Initial) <b>B.</b> John W Matheny		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 43 S Taylor Point Drive		<b>Transaction ID:</b> 20060905-6610-23-0
City State Zip Code the Woodlands TX 77382-1243	Amount of Each Receipt this Period 16.02	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 296.74	

Full Name (Last, First, Middle Initial) <b>C.</b> William McGean		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 10 Grosvenor Road		<b>Transaction ID:</b> 20060927-13293-13-44
City State Zip Code Waltham MA 02453-6821	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation CORPORATE REAL ESTATE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	47.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 86
	<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) <b>A. William McGean</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 10 Grosvenor Road		<b>Transaction ID: 20060905-13398-23-0</b>	
City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02453-6821</b>	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation CORPORATE REAL ESTATE MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B. Steven G Mellas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 20 Lexington Manor		<b>Transaction ID: 20060927-2525-13-44</b>	
City <b>Glenmoore</b>	State <b>PA</b>	Zip Code <b>19343-1900</b>	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 COMPLIANCE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

Full Name (Last, First, Middle Initial) <b>C. Steven G Mellas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 20 Lexington Manor		<b>Transaction ID: 20060905-2532-23-0</b>	
City <b>Glenmoore</b>	State <b>PA</b>	Zip Code <b>19343-1900</b>	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 COMPLIANCE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Morris D Mirabella		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 5820 Aventura Court		<b>Transaction ID:</b> 20060927-10953-13-44
City State Zip Code Tampa FL 33625-4111	Amount of Each Receipt this Period 15.00	
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Morris D Mirabella		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 5820 Aventura Court		<b>Transaction ID:</b> 20060905-11029-23-0
City State Zip Code Tampa FL 33625-4111	Amount of Each Receipt this Period 15.00	
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kymberly P Miranda		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 5633 Northwest 88th Terrace		<b>Transaction ID:</b> 20060927-7158-13-44
City State Zip Code Coral Springs FL 33067-2862	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 ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 86
	<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) <b>A.</b> Kymberly P Miranda		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 5633 Northwest 88th Terrace		<b>Transaction ID:</b> 20060905-7206-23-0
City State Zip Code Coral Springs FL 33067-2862	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 ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John M Murabito		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 105 Mill View Lane		<b>Transaction ID:</b> 20060927-17427-13-44
City State Zip Code Newtown Square PA 19073-1428	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA CORPORATION	Occupation EVP HUMAN RESOURCES & SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John M Murabito		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 105 Mill View Lane		<b>Transaction ID:</b> 20060905-17560-23-0
City State Zip Code Newtown Square PA 19073-1428	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA CORPORATION	Occupation EVP HUMAN RESOURCES & SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. James L Nadler</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 143 N Shawnee Ridge Circle		<b>Transaction ID: 20060927-7077-13-44</b>
City State Zip Code Spring TX 77382-2557	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 11.02
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 ▼ 208.06	

Full Name (Last, First, Middle Initial) <b>B. Michele Nelson</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 19 Blueberry Lane		<b>Transaction ID: 20060927-13028-13-44</b>
City State Zip Code East Hartford CT 06118-2007	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 BUSINESS PROJECT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Michele Nelson</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006
Mailing Address 19 Blueberry Lane		<b>Transaction ID: 20060905-13129-23-0</b>
City State Zip Code East Hartford CT 06118-2007	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 BUSINESS PROJECT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	51.02
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Daniel Nicoll</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 4 Bayview Drive		<b>Transaction ID: 20060927-2941-13-44</b>	
City State Zip Code Plainview NY 11803-1534	Amount of Each Receipt this Period 25.42		
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 ▼ 477.30		

Full Name (Last, First, Middle Initial) <b>B. Daniel Nicoll</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 4 Bayview Drive		<b>Transaction ID: 20060905-2954-23-0</b>	
City State Zip Code Plainview NY 11803-1534	Amount of Each Receipt this Period 25.42		
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 ▼ 477.30		

Full Name (Last, First, Middle Initial) <b>C. Jeffery L Novak</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 34 Sherman Drive		<b>Transaction ID: 20060927-13574-13-44</b>	
City State Zip Code Malvern PA 19355-3185	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation VP CORPORATE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jeffery L Novak</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 34 Sherman Drive		<b>Transaction ID: 20060905-13680-23-0</b>
City Malvern	State PA	Zip Code 19355-3185
Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CIGNA CORPORATION	Occupation VP CORPORATE SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

Full Name (Last, First, Middle Initial) <b>B. Eliana Nunez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 120 Ridge Crest Circle		<b>Transaction ID: 20060927-1701-13-44</b>
City Wethersfield	State CT	Zip Code 06109-4618
Amount of Each Receipt this Period 14.20		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROJECT MANAGEMENT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.74	

Full Name (Last, First, Middle Initial) <b>C. Eliana Nunez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 120 Ridge Crest Circle		<b>Transaction ID: 20060905-1703-23-0</b>
City Wethersfield	State CT	Zip Code 06109-4618
Amount of Each Receipt this Period 14.20		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PROJECT MANAGEMENT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	113.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Charlene Parsons		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 1179 Colts Lane		<b>Transaction ID:</b> 20060927-18209-13-44
City Yardley	State PA	Zip Code 19067-3964
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer CIGNA CORPORATION	Occupation VP TOTAL REWARDS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Charlene Parsons		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 1179 Colts Lane		<b>Transaction ID:</b> 20060905-18354-23-0
City Yardley	State PA	Zip Code 19067-3964
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer CIGNA CORPORATION	Occupation VP TOTAL REWARDS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mark A Parsons		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 15 Rexinger Lane		<b>Transaction ID:</b> 20060927-654-13-44
City Avon	State CT	Zip Code 06001-2340
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 SVP REINSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark A Parsons		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 15 Rexinger Lane		<b>Transaction ID:</b> 20060905-655-23-0	
City Avon      State CT      Zip Code 06001-2340	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 SVP REINSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John R Perlstein		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 19 Clover Lane		<b>Transaction ID:</b> 20060927-2401-13-44	
City Manchester      State CT      Zip Code 06040-6771	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation VP CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John R Perlstein		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 19 Clover Lane		<b>Transaction ID:</b> 20060905-2406-23-0	
City Manchester      State CT      Zip Code 06040-6771	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CIGNA CORPORATION	Occupation VP CHIEF COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 86
	<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) <b>A.</b> Glenn D Pomerantz		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 140 Hyde Road		<b>Transaction ID:</b> 20060927-13683-13-44	
City West Hartford	State CT	Zip Code 06117-1620	
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 MEDICAL SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Glenn D Pomerantz		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 140 Hyde Road		<b>Transaction ID:</b> 20060905-13790-23-0	
City West Hartford	State CT	Zip Code 06117-1620	
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 MEDICAL SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John C Rademacher		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 746 Calabria Lane		<b>Transaction ID:</b> 20060927-15174-13-44	
City Ambler	State PA	Zip Code 19002-1539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation OPERATIONS SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	65.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 86
	<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.** Full Name (Last, First, Middle Initial)  
John C Rademacher

Mailing Address 746 Calabria Lane

City State Zip Code  
Amblor PA 19002-1539

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

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

Occupation  
OPERATIONS SENIOR DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** 20060905-15298-23-0

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
Mesa AZ 85203-3813

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC.

Occupation  
URGENT CARE PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** 20060927-9378-13-44

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
William J Reedy

Mailing Address 1539 E Hackamore Street

City State Zip Code  
Mesa AZ 85203-3813

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

Name of Employer  
CIGNA HEALTHCARE OF AZ, INC.

Occupation  
URGENT CARE PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** 20060905-9440-23-0

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 86
	<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.** Full Name (Last, First, Middle Initial)  
Jane L Renninger

Mailing Address 73 Tyler Court

City Avon State CT Zip Code 06001-3165

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMPLIANCE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.30

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** 20060927-3726-13-44

Amount of Each Receipt this Period  
12.24

**B.** Full Name (Last, First, Middle Initial)  
Jane L Renninger

Mailing Address 73 Tyler Court

City Avon State CT Zip Code 06001-3165

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
COMPLIANCE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.30

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** 20060905-3745-23-0

Amount of Each Receipt this Period  
12.24

**C.** Full Name (Last, First, Middle Initial)  
Thomas B Richards

Mailing Address 3 Scarborough Road

City Simsbury State CT Zip Code 06070-1257

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

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
VP PRODUCT LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** 20060927-932-13-44

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>49.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Thomas B Richards</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 3 Scarborough Road		<b>Transaction ID: 20060905-934-23-0</b>	
City Simsbury	State CT	Amount of Each Receipt this Period 25.00	
Zip Code 06070-1257		Transaction ID: 20060905-934-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation VP PRODUCT LEADER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) <b>B. Michael G Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 37 W Goshen Avenue		<b>Transaction ID: 20060927-10352-13-44</b>	
City Clovis	State CA	Amount of Each Receipt this Period 13.65	
Zip Code 93611-7196		Transaction ID: 20060927-10352-13-44	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.65	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.46		

Full Name (Last, First, Middle Initial) <b>C. Michael G Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 37 W Goshen Avenue		<b>Transaction ID: 20060905-10420-23-0</b>	
City Clovis	State CA	Amount of Each Receipt this Period 13.65	
Zip Code 93611-7196		Transaction ID: 20060905-10420-23-0	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.65	
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.46		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	52.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	52.30

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Karen S Rohan		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 13 Fisherdick Road		<b>Transaction ID:</b> 20060927-205-13-44
City State Zip Code Ware MA 01082-9775	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PRESIDENT HEALTHCARE SUBSID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Karen S Rohan		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 13 Fisherdick Road		<b>Transaction ID:</b> 20060905-205-23-0
City State Zip Code Ware MA 01082-9775	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation PRESIDENT HEALTHCARE SUBSID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael J Ross		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 147 Old Gulph Road		<b>Transaction ID:</b> 20060927-15741-13-44
City State Zip Code Wynnewood PA 19096-1016	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael J Ross</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 147 Old Gulph Road		<b>Transaction ID: 20060905-15870-23-0</b>	
City Wynnewood	State PA	Zip Code 19096-1016	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00		

Full Name (Last, First, Middle Initial) <b>B. Rolando G Ruiz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 11590 E Cavedale Drive		<b>Transaction ID: 20060927-942-13-44</b>	
City Scottsdale	State AZ	Zip Code 85262-8011	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 ▼ 365.56		

Full Name (Last, First, Middle Initial) <b>C. Rolando G Ruiz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 11590 E Cavedale Drive		<b>Transaction ID: 20060905-944-23-0</b>	
City Scottsdale	State AZ	Zip Code 85262-8011	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 ▼ 365.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	123.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 86
	<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) <b>A. Richard B Salmon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 5 Hawks Ridge		<b>Transaction ID: 20060927-2783-13-44</b>	
City State Zip Code Avon CT 06001-4417		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation NATIONAL MEDICAL SR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. Richard B Salmon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 5 Hawks Ridge		<b>Transaction ID: 20060905-2794-23-0</b>	
City State Zip Code Avon CT 06001-4417		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation NATIONAL MEDICAL SR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. David N Sasportas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 125 Wadhams Road		<b>Transaction ID: 20060927-574-13-44</b>	
City State Zip Code Bloomfield CT 06002-1250		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 ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 86
	(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"/> 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

Full Name (Last, First, Middle Initial) <b>A. David N Sasportas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 125 Wadhams Road		<b>Transaction ID: 20060905-574-23-0</b> Amount of Each Receipt this Period 20.00
City Bloomfield	State Zip Code CT 06002-1250	
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 ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Susan A Schebell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1718 Westbury Ridge Drive		<b>Transaction ID: 20060927-2668-13-44</b> Amount of Each Receipt this Period 9.62
City Midlothian	State Zip Code VA 23114-5148	
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 603.72	

Full Name (Last, First, Middle Initial) <b>C. Susan A Schebell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 1718 Westbury Ridge Drive		<b>Transaction ID: 20060905-2678-23-0</b> Amount of Each Receipt this Period 9.62
City Midlothian	State Zip Code VA 23114-5148	
FEC ID number of contributing federal political committee. C		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 603.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	39.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 86
	<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) <b>A.</b> David S Scheibe		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 257 Linden Street		<b>Transaction ID:</b> 20060927-1944-13-44
City State Zip Code Moorestown NJ 08057-3622	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 ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> David S Scheibe		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 257 Linden Street		<b>Transaction ID:</b> 20060905-1945-23-0
City State Zip Code Moorestown NJ 08057-3622	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 ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen J Sherry		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 597 Cheese Spring Road		<b>Transaction ID:</b> 20060927-2503-13-44
City State Zip Code New Canaan CT 06840-2917	Amount of Each Receipt this Period 14.24	
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 ▼ 551.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	54.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Stephen J Sherry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 597 Cheese Spring Road		<b>Transaction ID:</b> 20060905-2510-23-0	
City State Zip Code New Canaan CT 06840-2917	Amount of Each Receipt this Period 16.81		
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 ▼ 551.66		

Full Name (Last, First, Middle Initial) <b>B. Charles E Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 30 White Pine Lane		<b>Transaction ID:</b> 20060927-8809-13-44	
City State Zip Code West Hartford CT 06107-1321	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation NATIONAL MEDICAL SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

Full Name (Last, First, Middle Initial) <b>C. Charles E Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 30 White Pine Lane		<b>Transaction ID:</b> 20060905-8867-23-0	
City State Zip Code West Hartford CT 06107-1321	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation NATIONAL MEDICAL SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 86
	<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) <b>A.</b> Donald R Spelhaug		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 5710 W Arrowhead Lakes Drive		<b>Transaction ID:</b> 20060927-9454-13-44
City Glendale	State AZ	Zip Code 85308-6217
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00	
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Donald R Spelhaug		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 5710 W Arrowhead Lakes Drive		<b>Transaction ID:</b> 20060905-9517-23-0
City Glendale	State AZ	Zip Code 85308-6217
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00	
Name of Employer CIGNA HEALTHCARE OF AZ, INC	Occupation ADULT MEDICINE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Otha T Spriggs		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 66 Cedar Hill Lane		<b>Transaction ID:</b> 20060927-13899-13-44
City Media	State PA	Zip Code 19063-6311
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 86
	<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) <b>A.</b> Otha T Spriggs		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 66 Cedar Hill Lane		<b>Transaction ID:</b> 20060905-14007-23-0
City State Zip Code Media PA 19063-6311	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation VP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jennifer Stepp		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 5833 Carrollton Avenue		<b>Transaction ID:</b> 20060927-6325-13-44
City State Zip Code Indianapolis IN 46220-2617	Amount of Each Receipt this Period 73.44	
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 ▼ 648.68	

Full Name (Last, First, Middle Initial) <b>C.</b> Jennifer Stepp		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 5833 Carrollton Avenue		<b>Transaction ID:</b> 20060905-6367-23-0
City State Zip Code Indianapolis IN 46220-2617	Amount of Each Receipt this Period 87.06	
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 ▼ 648.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Cathrin Stickney</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 69 W 9th Street Apt. 5G		<b>Transaction ID: 20060927-11927-13-44</b>	
City State Zip Code New York NY 10011-8977		Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SEGMENT MARKETING SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. Cathrin Stickney</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 69 W 9th Street Apt. 5G		<b>Transaction ID: 20060905-12021-23-0</b>	
City State Zip Code New York NY 10011-8977		Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SEGMENT MARKETING SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Storer</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 100 Wells Street Apt. 906		<b>Transaction ID: 20060927-13670-13-44</b>	
City State Zip Code Hartford CT 06103-2923		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SVP SERVICE OPS AND IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1615.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	121.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A. Scott Storrer</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 100 Wells Street Apt. 906		Transaction ID: 20060905-13777-23-0
City Hartford	State Zip Code CT 06103-2923	
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 SVP SERVICE OPS AND IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel M Sullivan</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 108 Governors Way		Transaction ID: 20060927-2248-13-44
City Brentwood	State Zip Code TN 37027-8932	
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel M Sullivan</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 108 Governors Way		Transaction ID: 20060905-2252-23-0
City Brentwood	State Zip Code TN 37027-8932	
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 OPERATIONS SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Shelly Swinford		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 5 Pinnacle Mountain Road		<b>Transaction ID:</b> 20060927-6293-13-44
City State Zip Code Simsbury CT 06070-1808	Amount of Each Receipt this Period 14.86	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation BUSINESS PROJECT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.37	

Full Name (Last, First, Middle Initial) <b>B.</b> Shelly Swinford		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 5 Pinnacle Mountain Road		<b>Transaction ID:</b> 20060905-6335-23-0
City State Zip Code Simsbury CT 06070-1808	Amount of Each Receipt this Period 14.86	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation BUSINESS PROJECT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.37	

Full Name (Last, First, Middle Initial) <b>C.</b> Rene E Taura		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 2925 Misty Hill Lane # C		<b>Transaction ID:</b> 20060927-10867-13-44
City State Zip Code Charlotte NC 28270-1100	Amount of Each Receipt this Period 10.91	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation CUSTOMER SERVICE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 86
	<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) <b>A.</b> Jeff S Terrill		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 9556 E Cortez Street		<b>Transaction ID:</b> 20060927-12780-13-44
City State Zip Code Scottsdale AZ 85260-5866	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 GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff S Terrill		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 9556 E Cortez Street		<b>Transaction ID:</b> 20060905-12877-23-0
City State Zip Code Scottsdale AZ 85260-5866	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 GENERAL MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey Thackeray		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 317 Derby Lane		<b>Transaction ID:</b> 20060927-286-13-44
City State Zip Code Franklin TN 37069-4516	Amount of Each Receipt this Period 11.25	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation UNDERWRITING SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey Thackeray		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 317 Derby Lane		<b>Transaction ID:</b> 20060905-286-23-0
City Franklin	State TN	Zip Code 37069-4516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 11.25
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation UNDERWRITING SENIOR DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.84	

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy E Tucker		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 522 E Commerce Street		<b>Transaction ID:</b> 20060927-7135-13-44
City Milford	State MI	Zip Code 48381-1720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
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 ▼ 349.24	

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy E Tucker		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 522 E Commerce Street		<b>Transaction ID:</b> 20060905-7182-23-0
City Milford	State MI	Zip Code 48381-1720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.77
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 ▼ 349.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	22.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 86
	<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) <b>A.</b> Katharine L Wade		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address PO Box 241		<b>Transaction ID:</b> 20060927-1006-13-44
City Simsbury	State CT	Zip Code 06070-0241
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 GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Katharine L Wade		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address PO Box 241		<b>Transaction ID:</b> 20060905-1008-23-0
City Simsbury	State CT	Zip Code 06070-0241
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 GOVERNMENT AFFAIRS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott D Watson		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 1813 Shadywood Court		<b>Transaction ID:</b> 20060927-6875-13-44
City Chesterfield	State MO	Zip Code 63017-5440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.38
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation ACCOUNT MANAGER-NATIONAL ACCTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.79	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 86
	<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) <b>A. Scott D Watson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1813 Shadywood Court		<b>Transaction ID:</b> 20060905-6921-23-0	
City State Zip Code Chesterfield MO 63017-5440	Amount of Each Receipt this Period 15.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation ACCOUNT MANAGER-NATIONAL ACCTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.79		

Full Name (Last, First, Middle Initial) <b>B. Brian Wells</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address PO Box 214 389B Merrymeeting Lake Road		<b>Transaction ID:</b> 20060927-42-13-44	
City State Zip Code New Durham NH 03855-0214	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation MEDICAL PROGRAM SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C. Brian Wells</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address PO Box 214 389B Merrymeeting Lake Road		<b>Transaction ID:</b> 20060905-42-23-0	
City State Zip Code New Durham NH 03855-0214	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INT'L REHAB. ASSOCIATES, INC.	Occupation MEDICAL PROGRAM SR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	55.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 86
	<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) <b>A. Richard M White</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 68 Longwood Drive		<b>Transaction ID: 20060927-2748-13-44</b>	
City Portland	State ME	Amount of Each Receipt this Period 20.00	
Zip Code 04102-1524			
FEC ID number of contributing federal political committee. C			
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 ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. Richard M White</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 68 Longwood Drive		<b>Transaction ID: 20060905-2759-23-0</b>	
City Portland	State ME	Amount of Each Receipt this Period 20.00	
Zip Code 04102-1524			
FEC ID number of contributing federal political committee. C			
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 ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>C. Rebekah C Whitehouse</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 2640 W Tulsa Street		<b>Transaction ID: 20060927-13804-13-44</b>	
City Chandler	State AZ	Amount of Each Receipt this Period 20.00	
Zip Code 85224-4174			
FEC ID number of contributing federal political committee. C			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation MARKETING COMM SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Rebekah C Whitehouse		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 2640 W Tulsa Street		<b>Transaction ID:</b> 20060905-13912-23-0	
City State Zip Code Chandler AZ 85224-4174	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 MARKETING COMM SENIOR DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Cheryl L Wyatt		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 22868 N 55th Street		<b>Transaction ID:</b> 20060927-7053-13-44	
City State Zip Code Phoenix AZ 85054-7171	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Cheryl L Wyatt		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 22868 N 55th Street		<b>Transaction ID:</b> 20060905-7100-23-0	
City State Zip Code Phoenix AZ 85054-7171	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CT GENERAL LIFE INSURANCE CO	Occupation OPERATIONS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 86
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Bu Yang		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006	
Mailing Address 121 High Wood Drive		<b>Transaction ID:</b> 20060927-12731-13-44	
City State Zip Code South Glastonbury CT 06073-2908	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 ARCHITECTURE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bu Yang		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 121 High Wood Drive		<b>Transaction ID:</b> 20060905-12828-23-0	
City State Zip Code South Glastonbury CT 06073-2908	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 ARCHITECTURE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4622.48

**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) <b>A. Campbell for Congress</b>		<b>Transaction ID:</b> EDQSSISA1OCFEAR Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 4590 Macarthur Blvd Suite 500		Amount of Each Disbursement this Period 2000.00
City Irvine State CA Zip Code 92660		
Purpose of Disbursement 09/05/2006 First Tuesday Event at the Ca	Category/ Type	
Candidate Name Campbell John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Biden</b>		<b>Transaction ID:</b> EF25L38J7EFEA9 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 371		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19899		
Purpose of Disbursement 08/17/2006 Reception at The Ace Club	Category/ Type	
Candidate Name Biden Joseph		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee To Re-Elect Vito Fossella</b>		<b>Transaction ID:</b> EF47NTRO6XFEA8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 120197 PO Box 060248		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10312		
Purpose of Disbursement 05/25/2006 Luncheon at the Capitol Hill	Category/ Type	
Candidate Name Fossella Vito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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)

<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) <b>A. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> 2649500609294926665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20002	Uncashed Contribution	
Purpose of Disbursement Uncashed 1/30/06 Contribution		Category/ Type
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fitzpatrick for Congress</b>		<b>Transaction ID:</b> EF2F90QAQTFEA2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 1000.00
City Doylestown State PA Zip Code 18901	Category/ Type	
Purpose of Disbursement 09/13/2006 luncheon at 324 Independence		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Fitzpatrick Michael		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>C. Friends of Don Sherwood</b>		<b>Transaction ID:</b> EFVX87VBILFEA9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 1000.00
City Tunkhannock State PA Zip Code 18675	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement 09/21/2006 Reception at The Space At Ref		Category/ Type
Candidate Name Sherwood Don		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. Friends of George Allen</b>		<b>Transaction ID:</b> EF25L4IP7EFEA5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1500.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement 08/23/06 Reception at the home of Cathy Candidate Name Allen George Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 00	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Friends of John Boehner</b>		<b>Transaction ID:</b> EFVXLSKPLFEA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 2500.00
City West Chester State OH Zip Code 45069	Purpose of Disbursement 09/14/2006 Reception/Dinnera Rosa Mexica Candidate Name Boehner John Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress</b>		<b>Transaction ID:</b> 0969310609294934062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 1621		Amount of Each Disbursement this Period -1000.00  Uncashed Contribution
City Columbia State MO Zip Code 65205	Purpose of Disbursement Uncashed 2/21/06 Contribution Candidate Name Hulshof Kenny Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 09	
Category/Type		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. JD Hayworth for Congress</b>		<b>Transaction ID:</b> EFVXAE9EPLFEA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6	
Mailing Address 14300 N Northsight Blvd #105		Amount of Each Disbursement this Period 1500.00	
City State Zip Code Scottsdale AZ 85260	Purpose of Disbursement 09/20/2006 Reception at the Capitol Hill Candidate Name Hayworth J. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 05		
Category/Type			
State: AZ District: 05			

Full Name (Last, First, Middle Initial) <b>B. Kenny Marchant for Congress</b>		<b>Transaction ID:</b> EFVXQF1MVLFEA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6	
Mailing Address PO Box 110187		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Carrollton TX 75011	Purpose of Disbursement 09/20/2006 Reception at Dutko Worldwide Candidate Name Marchant Kenny Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24		
Category/Type			
State: TX District: 24			

Full Name (Last, First, Middle Initial) <b>C. Marsha Blackburn for Congress Inc.</b>		<b>Transaction ID:</b> 0846000609294920117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period -1000.00  Uncashed Contribution	
City State Zip Code Franklin TN 37068	Purpose of Disbursement Uncashed 1/30/06 Contribution Candidate Name Blackburn Marsha Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07		
Category/Type			
State: TN District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

<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) <b>A. McCrery for Congress Committee</b>		<b>Transaction ID:</b> EDQSIQQOCFEAX Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 52956		Amount of Each Disbursement this Period 2000.00
City Shreveport State LA Zip Code 71135	Category/ Type	
Purpose of Disbursement 09/07/06 Luncheon at Capitol Health Grou		
Candidate Name McCrery Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> 6019330609123919599 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 425 2nd St NE		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Voided 7/17/06 Contribution		
Candidate Name		
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) ▼	

Uncashed Contribution

Full Name (Last, First, Middle Initial) <b>C. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> E1BAEFUQNWSM03F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 425 2nd St NE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Republican Senate Council Policy Board M		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Rick Renzi for Congress</b>		<b>Transaction ID: E1DAEFCOJLSISQD</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Mailing Address PO Box 2383		Amount of Each Disbursement this Period 1000.00	
City Prescott State AZ Zip Code 86302	Purpose of Disbursement 07/26/06 Breakfast at the Capitol Hill C	Category/ Type	
Candidate Name Renzi Richard	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Tiberi for Congress</b>		<b>Transaction ID: EFVXQ8XFLFEA</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6	
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43229	Purpose of Disbursement 09/14/2006 Reception at Hunan Dynasty	Category/ Type	
Candidate Name Tiberi Pat	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

2000.00

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

23500.00

# 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) <b>A. Bill Harmon Campaign Fund</b>		<b>Transaction ID:</b> EF25JHZG1EFEA3 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 107 Harmon Drive H		Amount of Each Disbursement this Period 250.00
City Dunlap State TN Zip Code 37327	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Bill Welch for Representative</b>		<b>Transaction ID:</b> EFBCRKMB1PT9G9 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 208 West Fourteenth St Suite 100		Amount of Each Disbursement this Period 250.00
City Austin State TX Zip Code 78701	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Camaign to Re-elect Representative David Shepard</b>		<b>Transaction ID:</b> EF25JK9A2EFEA5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 204 McCreary Heights		Amount of Each Disbursement this Period 250.00
City Dickson State TN Zip Code 37055	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Campaign to Re-elect Charles Sargent</b>		<b>Transaction ID:</b> EF25JJM32EFEA5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 1515		Amount of Each Disbursement this Period 250.00
City Franklin State TN Zip Code 37065	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Campaign to Re-elect Representative Charles Curtiss</b>		<b>Transaction ID:</b> EF25JJ1R1EFEA0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 120 General Jones Road		Amount of Each Disbursement this Period 250.00
City Sparta State TN Zip Code 38583	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Campaign to Re-elect Representative Randy Rinks</b>		<b>Transaction ID:</b> EF25JKYH2EFEA7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 75 Spring Street		Amount of Each Disbursement this Period 250.00
City Savannah State TN Zip Code 38372	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Campaign to Re-elect Senator Bill Ketron</b>		<b>Transaction ID:</b> EF25J9XZYDFEA7
Mailing Address 2510 Blanton's Point		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
City Murfreesboro	State TN	Zip Code 37130
Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 250.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign to Re-elect Senator Don McLeary</b>		<b>Transaction ID:</b> EF25JCWMZDFEA4
Mailing Address 125 Ed Smith Road		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
City Humboldt	State TN	Zip Code 38343
Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 250.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Charlotte Burks for Senate</b>		<b>Transaction ID:</b> EF25JDIVZDFEA9
Mailing Address Post Office Box 695		Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
City Cookeville	State NC	Zip Code 38503
Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 250.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 86

<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) <b>A. Committee to Elect Jim Burke</b>		<b>Transaction ID:</b> EFQ0PGO5YJFEA <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 8821 North Seventy-thirty Place		Amount of Each Disbursement this Period 296.00
City State Zip Code Scottsdale AZ 85258	Purpose of Disbursement Nonfederal Contribution	
Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Craig Fitzhugh Campaign</b>		<b>Transaction ID:</b> EF25JLJO2EFEA6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 135 South Alpine		Amount of Each Disbursement this Period 250.00
City State Zip Code Ripley TN 38063	Purpose of Disbursement Nonfederal Contribution	
Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dennis Roach Campaign</b>		<b>Transaction ID:</b> EF25JHHD1EFEA0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Route One Box 106		Amount of Each Disbursement this Period 250.00
City State Zip Code Rutledge TN 37861	Purpose of Disbursement Nonfederal Contribution	
Candidate Name		Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	796.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Dominion Leadership Trust PAC</b>		<b>Transaction ID:</b> EF25KKIZ8EFEA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 106 Carter Street		Amount of Each Disbursement this Period 500.00
City Falmouth State VA Zip Code 22405	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Douglas for Governor</b>		<b>Transaction ID:</b> EF25KCDR8EFEA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 1414		Amount of Each Disbursement this Period 1000.00
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Friends of Dennis Ferguson</b>		<b>Transaction ID:</b> EF25JGU31EFEA4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 2851 Roane State Highway		Amount of Each Disbursement this Period 250.00
City Harriman State TN Zip Code 37748	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Friends of Eddie Yokley 2006</b>		<b>Transaction ID: EF25JFRR0EFEA6</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 1046 Old Kentucky Road South		Amount of Each Disbursement this Period 250.00
City Greenville State TN Zip Code 37743	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Friends of Jerry Cooper</b>		<b>Transaction ID: EF25JE430EFEA2</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 79		Amount of Each Disbursement this Period 500.00
City Smartt State TN Zip Code 37378	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of John McComish</b>		<b>Transaction ID: EFPYVETWYJFEA7</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 4463 East Desert View		Amount of Each Disbursement this Period 296.00
City Phoenix State AZ Zip Code 85044	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1046.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Friends of Tim Burchett</b>		<b>Transaction ID:</b> EF25J9BQYDFEA2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 8220 Bennington Drive		Amount of Each Disbursement this Period 250.00
City Knoxville State TN Zip Code 37909	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Gene Seaman Campaign</b>		<b>Transaction ID:</b> EFBCR49TYOT9G9 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2222 Airline		Amount of Each Disbursement this Period 500.00
City Corpus Christi State TX Zip Code 78414	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Griffin 2006</b>		<b>Transaction ID:</b> EFPYVfy6ZJFEA8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 10		Amount of Each Disbursement this Period 296.00
City Sierra Vista State AZ Zip Code 85636	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1046.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Henry for State Senate</b>		<b>Transaction ID:</b> EF25JC4FZDFEA4 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 408 Wilsonia Avenue		Amount of Each Disbursement this Period 500.00
City Nashville State TN Zip Code 37205	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Je McCord Election Committee</b>		<b>Transaction ID:</b> EF25JEWCOEFEA6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 4222 Montvale Road		Amount of Each Disbursement this Period 250.00
City Maryville State TN Zip Code 37803	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jerry Weiers 2006</b>		<b>Transaction ID:</b> EFPYVFN3ZJFEA1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 5025 North Eighty-first Drive		Amount of Each Disbursement this Period 296.00
City Glendale State AZ Zip Code 85303	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1046.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Jim Landtroop for Representative</b>		<b>Transaction ID:</b> EFBCR6530PT9G8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 1551		Amount of Each Disbursement this Period 250.00
City Plainview State TX Zip Code 79073	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kirk England for Representative</b>		<b>Transaction ID:</b> EFBCR7TT0PT9G2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 3630 Green Hollow Drive		Amount of Each Disbursement this Period 250.00
City Grand Prairie State TX Zip Code 75052	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lieutenant Governor David Dewhurst</b>		<b>Transaction ID:</b> EFBCR3H5YOT9G0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 756		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78767	Category/ Type	
Purpose of Disbursement Nonfederal Contribution		
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Lois DeBerry Campaign</b>		<b>Transaction ID:</b> EF25JLVS2EFEA6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 2429 Verdun Street		Amount of Each Disbursement this Period 250.00
City Memphis State TN Zip Code 38114	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Nancy Barto 2006</b>		<b>Transaction ID:</b> EFPYVFA0ZJFEA7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 3631 East Rockwood Drive		Amount of Each Disbursement this Period 296.00
City Phoenix State AZ Zip Code 85050	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Paton 2006</b>		<b>Transaction ID:</b> 2456320609294914554 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 5425 East Broadway PMB331		Amount of Each Disbursement this Period -296.00
City Tucson State AZ Zip Code 85711	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼

Uncashed Contribution

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

250.00

**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) <b>A. Representative Mark Strama</b>		<b>Transaction ID:</b> EFBCRMJT1PT9G0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 270263		Amount of Each Disbursement this Period 250.00
City Austin State TX Zip Code 78727	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Representative Martha Wong</b>		<b>Transaction ID:</b> EFBCRLII1PT9G8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 15 Greenway Suite 16F		Amount of Each Disbursement this Period 250.00
City Houston State TX Zip Code 77046	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Representative Toby Goodman</b>		<b>Transaction ID:</b> EFBCR8N31PT9G9 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1600 East Lamar Suite 250		Amount of Each Disbursement this Period 250.00
City Arlington State TX Zip Code 76011	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Representative Tony Goolsby</b>		<b>Transaction ID:</b> EFBCR73H0PT9G2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 9 Cheltenham Way		Amount of Each Disbursement this Period 250.00
City Dallas State TX Zip Code 75230	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Steve Southerland for State Senate</b>		<b>Transaction ID:</b> EF25J8B9YDFEA7 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 4648 Harbor Drive		Amount of Each Disbursement this Period 250.00
City Morristown State TN Zip Code 37814	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Susan Combs for Comptroller</b>		<b>Transaction ID:</b> EFBCR2NUXOT9G6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 160956		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78716	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 86

<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) <b>A. Texans for Rick Perry</b>		<b>Transaction ID:</b> EFBCR2BOXOT9G5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 2013 PMB 217		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78768	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Vermont Senate Victory</b>		<b>Transaction ID:</b> 3035430609294943745 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 896		Amount of Each Disbursement this Period -1000.00
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Nonfederal Contribution Candidate Name	
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) ▼

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

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

11934.00