

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Cigna Corporation Political Action Committee

ADDRESS (number and street) 601 Pennsylvania Avenue NW

Check if different than previously reported. (ACC) South Building Suite 835

Washington DC 20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2018

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

Julason Damato, Kristin, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Julason Damato, Kristin, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Signa Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		240157.61
(b) Cash on Hand at Beginning of Reporting Period.....	233219.72	
(c) Total Receipts (from Line 19)	63240.71	188902.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	296460.43	429060.43
7. Total Disbursements (from Line 31).....	100150.00	232750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	196310.43	196310.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Signa Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y
03 / 01 / 2018 To: M M / D D / Y Y Y Y
03 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42141.13	84485.93
(ii) Unitemized	21099.58	104416.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	63240.71	188902.82
(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)	63240.71	188902.82
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	63240.71	188902.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63240.71	188902.82

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	203500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	30150.00	29150.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100150.00	232750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100150.00	232750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63240.71	188902.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63240.71	188902.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
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	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Abate, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-15583
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Abate, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Supply Chain Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-15555
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Agolia Hoeltzel, Mary, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIN Cigna Financial Reporting Occupation (for Individual) VP Chief Accounting Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-12008
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 177
	<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. Agolia Hoeltzel, Mary, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIN Cigna Financial Reporting Occupation (for Individual) VP Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11984
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Allen, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Corporate Centre Dr
 City Franklin State TN Zip Code 37067-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-25907
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Allen, Gregory, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Corporate Centre Dr
 City Franklin State TN Zip Code 37067-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-25844
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Anfield, Robert, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 Gentlemens Rdg
 City Signal Mountain State TN Zip Code 37377-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-11450
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Anfield, Robert, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 Gentlemens Rdg
 City Signal Mountain State TN Zip Code 37377-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11427
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Anifowoshe, Olumide, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26418
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Anifowoshe, Olumide, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26355
 Amount of Each Receipt this Period 75.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-187
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-187
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Arndt, Heidi, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Odonnell St
 Bldg Duck
 City Baltimore State MD Zip Code 21224-5269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-33514
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Arndt, Heidi, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Odonnell St
 Bldg Duck
 City Baltimore State MD Zip Code 21224-5269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-33409
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Asbaty, Ann, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-276
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Asbaty, Ann, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Bellevue Pkwy
 Ste 101
 City Wilmington State DE Zip Code 19809-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-274
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Aube, Jacquelyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Customer Adoption Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1478
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Aube, Jacquelyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Customer Adoption Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1475
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bacus, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-20393
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Bacus, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-20355
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Bailey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9567
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bailey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-9546
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11632
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Beeson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Chief Info Security Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-34111
 Amount of Each Receipt this Period 192.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Beeson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Chief Info Security Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-34002
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Benedict, Amie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) VP Product Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-5991
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Benedict, Amie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) VP Product Solutions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-5978
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	342.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 177
	<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. Bennett, Matthew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-18354
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bennett, Matthew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18320
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Berardo, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1791
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 177
	<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. Berardo, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Whippany Rd
 City Morristown State NJ Zip Code 07960-4558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1786
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bogan, John, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-18951
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Bogan, John, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18915
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Borden, Eva, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 W Lane Ct
 City Panora State IA Zip Code 50216-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-2041
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Borden, Eva, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 W Lane Ct
 City Panora State IA Zip Code 50216-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-2035
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Bourdon, David, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Linton Farm Ln
 City Garnet Valley State PA Zip Code 19060-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-2634
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Bourdon, David, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Linton Farm Ln
 City Garnet Valley State PA Zip Code 19060-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2628
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Boxer, Mark, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7884
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Boxer, Mark, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) EVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7869
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 177
	<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. Bradbury, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-20757
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Bradbury, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-20717
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Browchuk, Brett, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Service Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-11414
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Browchuk, Brett, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) SVP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11391
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Brundin, Kelly, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Meadowview Ct
 City Maple Glen State PA Zip Code 19002-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2542
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Brundin, Kelly, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 Meadowview Ct
 City Maple Glen State PA Zip Code 19002-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2536
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 177
	<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. Brunetti, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Tax Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1732
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Buckley, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Internation Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-10743
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Buckley, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Internation Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-10722
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-4748
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-4739
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Butler, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7567
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 177
	<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. Butler, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7553
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Caby, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-36136
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Caby, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-36009
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A. Carlson, John, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Sales Director-Sales Mgt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-348

Amount of Each Receipt this Period
50.00

Memo Item

B. Carlson, John, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Sales Director-Sales Mgt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2018

Transaction ID : 20180319203510-346

Amount of Each Receipt this Period
50.00

Memo Item

C. Carlson, William, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Real Estate Sr Managing Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-597

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Carlson, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Real Estate Sr Managing Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-595
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Cassell, Stephen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) VP Branding
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-18406
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Cassell, Stephen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) VP Branding
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-18372
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	444.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-23572
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-23518
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Chambers, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Majestic Ct
 City San Angelo State TX Zip Code 76904-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-27541
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Chambers, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Majestic Ct
 City San Angelo State TX Zip Code 76904-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27473
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-35312
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-35198
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 177
	<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. Christy, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Three Bridges Rd
 City Hillsborough State NJ Zip Code 08844-3238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-10878
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Christy, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Three Bridges Rd
 City Hillsborough State NJ Zip Code 08844-3238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-10856
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cieslukowski, Renee, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Risk & Underwriting Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-3484
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cieslukowski, Renee, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Risk & Underwriting Sr Dir
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-3476
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clarke Maisch, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Illmo Dr
 City Springfield State IL Zip Code 62711-7909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-33048
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Clarke Maisch, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Illmo Dr
 City Springfield State IL Zip Code 62711-7909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-32947
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 150.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 30 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-4653
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-4644
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Collins, Shatice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-5721
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 177
	<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. Collins, Shatice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Information Protection Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-5709
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Conners, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-17412
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Conners, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-17381
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Conrad, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 N Poinsettia Ave
 City Manhattan Beach State CA Zip Code 90266-4925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.27

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1845
 Amount of Each Receipt this Period 22.12
 Memo Item

B. Consolazio, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1491
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Consolazio, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1487
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	406.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19767
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-19732
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cordani, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-385
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cordani, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-383
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Cozzo, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Hawthorne Ln
 City Coto De Caza State CA Zip Code 92679-5130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8535
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cozzo, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Hawthorne Ln
 City Coto De Caza State CA Zip Code 92679-5130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8516
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Croes, Rebecca, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26651
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Croes, Rebecca, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26587
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Crosson, Balthasar, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2169
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Crosson, Balthasar, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 22 / 2018
Transaction ID : 20180319203510-2163
 Amount of Each Receipt this Period 75.00
 Memo Item

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

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-35841
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt
 03 / 22 / 2018
Transaction ID : 20180319203510-35718
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 177
	<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. Czar, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

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

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

Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) Actuarial Senior Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018

Transaction ID : 20180305203511-8006

Amount of Each Receipt this Period
 75.00

Memo Item

B. Czar, Gregory, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2

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

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

Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA	Occupation (for Individual) Actuarial Senior Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018

Transaction ID : 20180319203510-7991

Amount of Each Receipt this Period
 75.00

Memo Item

C. Czepiel, Molly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9736 Big View Dr

City Austin	State TX	Zip Code 78730-3590
-------------	----------	---------------------

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Government Affairs Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018

Transaction ID : 20180305203511-35615

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 177
	<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. Czepiel, Molly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9736 Big View Dr
 City Austin State TX Zip Code 78730-3590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-35495
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Daley, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-30814
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Daley, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-30727
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Deary-Weiss, Mary, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 176th Terrace Dr E
 City Redington Shores State FL Zip Code 33708-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-171
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Deary-Weiss, Mary, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 176th Terrace Dr E
 City Redington Shores State FL Zip Code 33708-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-171
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7889
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7874
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Demchak, Cyanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-13963
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Demchak, Cyanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Development Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-13938
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Derosa, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Executive Park
 City Irvine State CA Zip Code 92614-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1406
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Derosa, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Executive Park
 City Irvine State CA Zip Code 92614-6739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1403
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Devine, Brendan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21299
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 177
	<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. Devine, Brendan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21258
 Amount of Each Receipt this Period 60.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8331
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8313
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Doherty, Jeannine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 E High St
 City Phoenix State AZ Zip Code 85054-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.37

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-24
 Amount of Each Receipt this Period 294.96
 Memo Item

B. Doherty, Jeannine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5310 E High St
 City Phoenix State AZ Zip Code 85054-5469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.37

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-24
 Amount of Each Receipt this Period 42.86
 Memo Item

C. Doyle, Marcus, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-11425
 Amount of Each Receipt this Period 65.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	402.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Doyle, Marcus, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11402
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Drew, Stephen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-20942
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Drew, Stephen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 W Jackson Blvd
 City Chicago State IL Zip Code 60604-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-20900
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ellingson, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47070 Middle Ridge Rd
 City Amherst State OH Zip Code 44001-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-19833
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ellingson, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47070 Middle Ridge Rd
 City Amherst State OH Zip Code 44001-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-19797
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Enama, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-11428
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Enama, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11405
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Evanko, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President Government Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1497
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Evanko, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President Government Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1493
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-28573
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-28499
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ferreira, Andre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8300 NW 7th Ct
 City Boca Raton State FL Zip Code 33487-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-23121
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 177
	<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. Ferreira, Andre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8300 NW 7th Ct
 City Boca Raton State FL Zip Code 33487-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-23067
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fessenden, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-20805
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fessenden, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-20764
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Filiault, Scott, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-206
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Filiault, Scott, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-206
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Fischer-McKee, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11029 W Crestbrook Dr
 City Sun City State AZ Zip Code 85351-1057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Compliance Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-10478
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	434.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 177
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Fischer-McKee, Mary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11029 W Crestbrook Dr

City Sun City	State AZ	Zip Code 85351-1057
------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corporation	Occupation (for Individual) Compliance Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-10457

Amount of Each Receipt this Period
50.00

Memo Item

B. Fitzpatrick, Susan, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 E 45th St

City New York	State NY	Zip Code 10017-3144
------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Clinical Program Sr Dir
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-1404

Amount of Each Receipt this Period
50.00

Memo Item

C. Fitzpatrick, Susan, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 E 45th St

City New York	State NY	Zip Code 10017-3144
------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Clinical Program Sr Dir
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-1401

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fontneau, Patty, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-23477
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Fontneau, Patty, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-23423
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Foulke, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26750
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Foulke, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26686
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Frank, Kris, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4771 Marlborough Way
 City Carmichael State CA Zip Code 95608-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-36208
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Frank, Kris, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4771 Marlborough Way
 City Carmichael State CA Zip Code 95608-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-36080
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fridl, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7954
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fridl, Philip, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7939
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fripp, Tyrone, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-11949
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fripp, Tyrone, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-11926
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Galarnau, Michael, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Karens Way
 City Dover State NH Zip Code 03820-6241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-7870
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Galarnau, Michael, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Karens Way
 City Dover State NH Zip Code 03820-6241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-7854
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Garbee, Lynn, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-20053

Amount of Each Receipt this Period
75.00

Memo Item

B. Garbee, Lynn, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Operations Senior Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2018

Transaction ID : 20180319203510-20015

Amount of Each Receipt this Period
75.00

Memo Item

C. Garcia, Jodeen, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8505 E Orchard Rd

City Greenwood Village	State CO	Zip Code 80111-5002
---------------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) IT Service Management Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-12883

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Garcia, Jodeen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) IT Service Management Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-12859
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7640
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7625
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-182
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-182
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Giannoni, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 Wheelers Farms Rd
 City Milford State CT Zip Code 06461-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 428.47

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-3246
 Amount of Each Receipt this Period 362.79
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	462.79
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 58 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Giannoni, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 Wheelers Farms Rd
 City Milford State CT Zip Code 06461-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.47

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-3238
 Amount of Each Receipt this Period 35.20
 Memo Item

B. Gilbert, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 Poplar Ave
 City Memphis State TN Zip Code 38119-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27280
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gilbert, Jennifer, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6401 Poplar Ave
 City Memphis State TN Zip Code 38119-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27215
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.20
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Gorodetzer, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HR&S Talent Optimization Occupation (for Individual) VP Total Rewards & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9510
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Gorodetzer, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HR&S Talent Optimization Occupation (for Individual) VP Total Rewards & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-9489
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Gray, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Strat And Bus Develop Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1622
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Gray, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21960
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gray, William, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Waterside Xing
 City Windsor State CT Zip Code 06095-1561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21912
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Grimm, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Sales Distribution
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-5759
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 61 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Grimm, Bruce, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Sales Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-5747
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Guest, Beth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-20187
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Guest, Beth, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-20149
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 342.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Guilmette, David, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-15424
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Guilmette, David, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Multi-Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-15395
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Gutzmore, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-14592
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gutzmore, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-14566
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Harris, Julian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) President Care Allies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-28486
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Harris, Julian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) President Care Allies
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-28414
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Harrison, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Marketing Insights
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-22563
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Harrison, Peter, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Marketing Insights
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-22512
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Harvey, Joan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 S River Rd
 City Stuart State FL Zip Code 34996-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Consumer Health Engagement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-18952
 Amount of Each Receipt this Period 160.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	544.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Harvey, Joan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 S River Rd
 City Stuart State FL Zip Code 34996-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Consumer Health Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18916
 Amount of Each Receipt this Period 160.00
 Memo Item

B. Hicks, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Talent Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9337
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Hicks, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Talent Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-9316
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	544.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 66 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Hocevar, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Pres Strategy Segmts Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-7622
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Hocevar, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Pres Strategy Segmts Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-7608
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Hodsdon, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-2536
 Amount of Each Receipt this Period
 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Hodsdon, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2530
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Holmes, Ralph, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-32893
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Holmes, Ralph, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-32792
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Horlacher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2440

Amount of Each Receipt this Period 60.00

Memo Item

B. Horlacher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Architecture Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2434

Amount of Each Receipt this Period 60.00

Memo Item

C. Howell, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 977 Chauncey Ct
 City Ocoee State FL Zip Code 34761-4306

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

Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-18996

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Howell, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Chauncey Ct
 City Ocoee State FL Zip Code 34761-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18960
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Huggins, Julia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP US Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-425
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Huggins, Julia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 S Calvert St
 City Baltimore State MD Zip Code 21202-6174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP US Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-423
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hurt, Jay, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26988
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hurt, Jay, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26924
 Amount of Each Receipt this Period 100.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-10634
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-10613
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Hutton, Deborah, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 Garfield Rd
 City West Hartford State CT Zip Code 06107-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-23461
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hutton, Deborah, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 Garfield Rd
 City West Hartford State CT Zip Code 06107-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-23407
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 177
	<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. Jack, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1821 Maple Glen Rd
 City Sacramento State CA Zip Code 95864-1633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21981
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Jack, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1821 Maple Glen Rd
 City Sacramento State CA Zip Code 95864-1633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21982
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Jacobs, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2320
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	277.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jacobs, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2314
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Jacobson, Clifton, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7034 Lakewood Blvd
 City Dallas State TX Zip Code 75214-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26937
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Jacobson, Clifton, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7034 Lakewood Blvd
 City Dallas State TX Zip Code 75214-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26873
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	429.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jain, Sanjay, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 957
 City Glenwood Landing State NY Zip Code 11547-0957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-32594
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Jain, Sanjay, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 957
 City Glenwood Landing State NY Zip Code 11547-0957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-32495
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jameson, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-5205
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jameson, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-5192
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Johnson, Lynda, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Will Ridge Dr
 City Ringgold State GA Zip Code 30736-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7920
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Johnson, Lynda, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Will Ridge Dr
 City Ringgold State GA Zip Code 30736-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Marketing Product Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7905
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jones, Alexis, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8946
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jones, Alexis, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8926
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jones, Nicole, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP and General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-10614
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jones, Nicole, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP and General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-10593
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Jordan, Teresa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-25949
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jordan, Teresa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-25886
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Josephs, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Total Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-5674
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Josephs, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Total Medical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-5662
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Julason Damato, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2009
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Julason Damato, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2003
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Kaleta, Jill, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-22866
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Kaleta, Jill, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pennsylvania Ave NW
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Government Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-22813
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Keffer, Christopher, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-25916
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Keffer, Christopher, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Network Opns Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-25853
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kirkner, Gary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Surfsong Rd
 City Kiawah Island State SC Zip Code 29455-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7713
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kirkner, Gary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Surfsong Rd
 City Kiawah Island State SC Zip Code 29455-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7698
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Klunkert, Kristinn, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27001
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Klunkert, Kristinn, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Financial Analysis Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26937
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kobus, David, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-34735
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Kobus, David, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 E 45th St
 City New York State NY Zip Code 10017-3144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-34624
 Amount of Each Receipt this Period 75.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-20976
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 177
	<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. Kolosky, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-20934
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-17046
 Amount of Each Receipt this Period
 80.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-17016
 Amount of Each Receipt this Period
 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 177
	<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. Lane, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19266
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lane, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-19230
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Langevin, Kenneth, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1139
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Langevin, Kenneth, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Assoc Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1137
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Lara, R, Allison, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25600 N Norterra Dr Bldg A
 City Phoenix State AZ Zip Code 85085-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2265
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Lara, R, Allison, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25600 N Norterra Dr Bldg A
 City Phoenix State AZ Zip Code 85085-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-2259
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lazzaro, Amy, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-18796

Amount of Each Receipt this Period
50.00

Memo Item

B. Lazzaro, Amy, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2018

Transaction ID : 20180319203510-18760

Amount of Each Receipt this Period
50.00

Memo Item

C. Leavengood, Albert, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7555 Goodwin Rd

City Chattanooga	State TN	Zip Code 37421-3183
---------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2018

Transaction ID : 20180305203511-4285

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Leavengood, Albert, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-4277
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Legrier, Thulani, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Account Manager-National Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-24395
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Legrier, Thulani, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Account Manager-National Accts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-24339
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Lewis, Jason, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Great Circle Rd

City Nashville	State TN	Zip Code 37228-1309
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-26920

Amount of Each Receipt this Period
50.00

Memo Item

B. Lewis, Jason, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Great Circle Rd

City Nashville	State TN	Zip Code 37228-1309
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-26856

Amount of Each Receipt this Period
50.00

Memo Item

C. Licerio, Ricardo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2208 Highway 121

City Bedford	State TX	Zip Code 76021-5981
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp	Occupation (for Individual) Operations Director
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-36165

Amount of Each Receipt this Period
5.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 89 OF 177
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Licerio, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 Highway 121
 City Bedford State TX Zip Code 76021-5981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-36038
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8524
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8505
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 177
	<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. Loftus, Jane, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-11883
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Loftus, Jane, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-11860
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Lough, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3804 Haynsworth Pl
 City Fairfax State VA Zip Code 22031-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-16141
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lough, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3804 Haynsworth Pl
 City Fairfax State VA Zip Code 22031-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-16113
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Macchi, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-692
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Macchi, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-690
 Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Malley, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 W Saddle River Rd
 City Ho Ho Kus State NJ Zip Code 07423-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-22621
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Malley, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 W Saddle River Rd
 City Ho Ho Kus State NJ Zip Code 07423-1645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-22570
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Marquis, Brian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-22816
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 177
	<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. Marquis, Brian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-22763
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Marshall Igunbor, Tamara, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W144N7150 Terrace Dr
 City Menomonee Falls State WI Zip Code 53051-0930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-22076
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Marshall Igunbor, Tamara, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W144N7150 Terrace Dr
 City Menomonee Falls State WI Zip Code 53051-0930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-22027
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Martel, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-8125
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Martel, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Washington St
 City Newton State MA Zip Code 02462-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) RVP Segment Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-8110
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. May, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA INTERNATIONAL SVCS., INC Occupation (for Individual) Compensation Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-5836
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. May, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA INTERNATIONAL SVCS., INC Occupation (for Individual) Compensation Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-5823
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McCagg, Louise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2504 Caslotti Way
 City Cape Coral State FL Zip Code 33909-5289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-25896
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McCagg, Louise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2504 Caslotti Way
 City Cape Coral State FL Zip Code 33909-5289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-25833
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McCarter, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Product Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-13228
 Amount of Each Receipt this Period 192.00
 Memo Item

B. McCarter, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Product Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-13203
 Amount of Each Receipt this Period 192.00
 Memo Item

C. McCauley, Peter, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-15675
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McCauley, Peter, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-15647
 Amount of Each Receipt this Period 75.00
 Memo Item

B. McDowell, William, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-7094
 Amount of Each Receipt this Period 75.00
 Memo Item

C. McDowell, William, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) VP Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-7081
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McGinley-Graziosi, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-1192
 Amount of Each Receipt this Period 75.00
 Memo Item

B. McGinley-Graziosi, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 22 / 2018
Transaction ID : 20180319203510-1190
 Amount of Each Receipt this Period 75.00
 Memo Item

C. McGroarty, Ryan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-3696
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 177
	<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. McGroarty, Ryan, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-3688
 Amount of Each Receipt this Period 192.00
 Memo Item

B. McKeon, Casey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-26424
 Amount of Each Receipt this Period 75.00
 Memo Item

C. McKeon, Casey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26361
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 177
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-395
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-393
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Melton, Larry, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-15243
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Melton, Larry, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Informatics Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-15214
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mintz, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 Matoma Circle
 City Thompson Station State TN Zip Code 37179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-15967
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mintz, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3124 Matoma Circle
 City Thompson Station State TN Zip Code 37179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-15939
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 102 OF 177
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Cigna Corporation Political Action Committee

A. Mirabella, Morris, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 N Rocky Point Dr

City Tampa	State FL	Zip Code 33607-5917
---------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Market Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-5464

Amount of Each Receipt this Period
75.00

Memo Item

B. Mirabella, Morris, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 N Rocky Point Dr

City Tampa	State FL	Zip Code 33607-5917
---------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Market Leader
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-5451

Amount of Each Receipt this Period
75.00

Memo Item

C. Monahan, Frank, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7400 W 110th St

City Overland Park	State KS	Zip Code 66210-2358
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Market Leader
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-9231

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Monahan, Frank, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7400 W 110th St
 City Overland Park State KS Zip Code 66210-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-9210
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Monchick, Melanie, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-5236
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Monchick, Melanie, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Corporate Center Dr
 City Raleigh State NC Zip Code 27607-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INT'L REHAB. ASSOCIATES, INC. Occupation (for Individual) Clinical Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-5223
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Montanari, Paul, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-11818
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Montanari, Paul, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 03 / 22 / 2018
Transaction ID : 20180319203510-11795
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Moran, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-14992
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Moran, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-14962
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Morris, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthspring Occupation (for Individual) VP Segment Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-25919
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Morris, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Great Circle Rd
 City Nashville State TN Zip Code 37228-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthspring Occupation (for Individual) VP Segment Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-25856
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Motter, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Spanish Trail Ct
 City Blacklick State OH Zip Code 43004-9803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-6855
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Motter, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Spanish Trail Ct
 City Blacklick State OH Zip Code 43004-9803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Marketing Product Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-6842
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Munev, Alan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Tot Health Network & CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-15478
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Munev, Alan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Tot Health Network & CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-15449
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Murabito, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Human Resources & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8612
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Murabito, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP Human Resources & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8594
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Naik, Manish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2066 Madrillon Rd
 City Vienna State VA Zip Code 22182-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-17657
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Naik, Manish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2066 Madrillon Rd
 City Vienna State VA Zip Code 22182-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-17625
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Nicoll, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Huntington Quad
 City Melville State NY Zip Code 11747-4602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-1660
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Nicoll, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Huntington Quad

City Melville	State NY	Zip Code 11747-4602
------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Medical Senior Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-1656

Amount of Each Receipt this Period
75.00

Memo Item

B. Nole, Michael, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1571 Sawgrass Corporate Pkwy

City Sunrise	State FL	Zip Code 33323-2862
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-14720

Amount of Each Receipt this Period
50.00

Memo Item

C. Nole, Michael, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1571 Sawgrass Corporate Pkwy

City Sunrise	State FL	Zip Code 33323-2862
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Sales Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-14694

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Novack, Richard, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-14596
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Novack, Richard, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 03 / 22 / 2018
Transaction ID : 20180319203510-14570
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt
 03 / 08 / 2018
Transaction ID : 20180305203511-1014
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1012
 Amount of Each Receipt this Period 50.00
 Memo Item

B. O'Neil, Thomas, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Global Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-30438
 Amount of Each Receipt this Period 192.00
 Memo Item

C. O'Neil, Thomas, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Global Compliance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-30351
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Oates, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Patterson Rd

City Austin	State TX	Zip Code 78733-6500
----------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-10562

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 1701 Patterson Rd

City Austin	State TX	Zip Code 78733-6500
----------------	-------------	------------------------

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-10541

Amount of Each Receipt this Period
192.30

Memo Item

C. Osborne, Lester, Keith, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13759 E Paradise Dr

City Scottsdale	State AZ	Zip Code 85259-3709
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) Medical Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-5513

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Osborne, Lester, Keith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13759 E Paradise Dr
 City Scottsdale State AZ Zip Code 85259-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-5500
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Paige, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Rainbow Ridge Dr
 City Livingston State NJ Zip Code 07039-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-19994
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Paige, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Rainbow Ridge Dr
 City Livingston State NJ Zip Code 07039-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-19956
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Palmer, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-4790
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Palmer, Eric, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) EVP CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-4781
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Panter, Jeffery, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-3935
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Parsons, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Tax Reinsurance & COLI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-374
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Parsons, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Tax Reinsurance & COLI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-372
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Perez, Allen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Developmt Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-26984
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	409.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Perez, Allen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 North Loop W
 City Houston State TX Zip Code 77092-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Developmt Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-26920
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Peterson, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Woodhill Cir
 City Watertown State MN Zip Code 55388-9267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-4703
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Peterson, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Woodhill Cir
 City Watertown State MN Zip Code 55388-9267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-4694
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Phan, Danthu, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9309
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Phan, Danthu, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-9288
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Philibotte, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-15
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Philibotte, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Goodwin Rd
 City Chattanooga State TN Zip Code 37421-3183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-15
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Phillips, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21868
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Phillips, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 W Monroe St
 City Chicago State IL Zip Code 60661-3629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21822
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Piarrot, Theresa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-12944
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Piarrot, Theresa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 E Orchard Rd
 City Greenwood Village State CO Zip Code 80111-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-12920
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Pierson, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Spy Glass Hill Rd
 City Bath State PA Zip Code 18014-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19211
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 177
	<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. Pierson, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Spy Glass Hill Rd
 City Bath State PA Zip Code 18014-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Architecture Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-19175
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Pollard, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7040 Key Haven Rd Apt 505
 City Seminole State FL Zip Code 33777-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-13397
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Pollard, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7040 Key Haven Rd Apt 505
 City Seminole State FL Zip Code 33777-3861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business Project Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-13372
 Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Rabinowitz, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Park Ln
 City Pittsburgh State PA Zip Code 15275-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-9976
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Rado, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 20180305203511-14351
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Rado, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 22 / 2018**
Transaction ID : 20180319203510-14325
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rapisardi, Eugene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-12468
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rapisardi, Eugene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N Brand Blvd
 City Glendale State CA Zip Code 91203-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-12444
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Reardon, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 W 39th St
 City New York State NY Zip Code 10018-1780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1426
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Reardon, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 W 39th St
 City New York State NY Zip Code 10018-1780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1423
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Reed, Eric, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27868
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Reed, Eric, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27799
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Reeves, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-11693
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Reeves, Andrew, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Sales Director-Direct Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-11670
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Richards, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9756
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 177
	<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. Richards, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-9735
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Richmond, Nancy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Park Lane Dr
 City Pittsburgh State PA Zip Code 15275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-2491
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Richmond, Nancy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Park Lane Dr
 City Pittsburgh State PA Zip Code 15275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Clinical Program Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-2485
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Rigg, Jeffrey, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-16902
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Rigg, Jeffrey, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-16872
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Robinson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Infrastructure Engineer Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-268
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robinson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Infrastructure Engineer Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-266
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Robinson, Quintin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Players Club Pkwy
 City Memphis State TN Zip Code 38125-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-36563
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Robinson, Quintin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Players Club Pkwy
 City Memphis State TN Zip Code 38125-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-36434
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Rose, Ruth, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Nottingham Rd
 City Westminster State MD Zip Code 21157-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21057
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Rose, Ruth, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Nottingham Rd
 City Westminster State MD Zip Code 21157-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Business IT Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21014
 Amount of Each Receipt this Period 75.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-4888
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-4877
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Rottkamp, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Enterprise Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1561
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Rottkamp, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Enterprise Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1557
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Ryan, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-1386
 Amount of Each Receipt this Period
 120.00
 Memo Item

B. Ryan, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-1383
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. Saad, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-10215
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Saad, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 Dallas Pkwy
 City Plano State TX Zip Code 75093-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corporation Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-10194
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Salmon, Richard, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1592
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Salmon, Richard, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1588
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sanford, Paul, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) VP Solutions Delivery
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-6650

Amount of Each Receipt this Period
192.00

Memo Item

B. Sanford, Paul, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) VP Solutions Delivery
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-6637

Amount of Each Receipt this Period
192.00

Memo Item

C. Sataline, Frank, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO	Occupation (for Individual) SVP Chief Investment Officer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-375

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sataline, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) SVP Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-373
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Schaefer-Reid, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27835
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Schaefer-Reid, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Segment Marketing Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27766
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Scheibe, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Treasury Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1161
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Scheibe, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) Treasury Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1159
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Shelton, Christen, Janean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25600 N Norterra Dr Bldg A
 City Phoenix State AZ Zip Code 85085-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-5540
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Shelton, Christen, Janean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25600 N Norterra Dr
 Bldg A
 City Phoenix State AZ Zip Code 85085-8201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Client Account Support Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-5528
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Sherry, Wendy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-1577
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Silvay, Kenneth, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-856
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Silvay, Kenneth, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Financial Analysis Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-854
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Smith, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) President Group Insurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-5884
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Smith, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIFE INS. CO. OF NORTH AMERICA Occupation (for Individual) President Group Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-5871
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-8559
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-8540
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sprague, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-18228
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sprague, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) IT Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18194
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Steel, Craig, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Kemp Ave
 City Fair Haven State NJ Zip Code 07704-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-22048
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Steel, Craig, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Kemp Ave
 City Fair Haven State NJ Zip Code 07704-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21999
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stenrud, Christian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Communic Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-29181
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Stenrud, Christian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Communic Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-29100
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Stephens, Todd, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-4108
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Stephens, Todd, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) App Development Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-4101
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Stevens, Kari, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St
 # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19917
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stevens, Kari, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St
 # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Managing Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-19879
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sykes, Jan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-6928
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sykes, Jan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25500 N Norterra Dr
 Bldg B
 City Phoenix State AZ Zip Code 85085-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna HEALTHCARE OF AZ, INC Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-6915
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Szable, Amy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38901 Detroit Rd
 City Avon State OH Zip Code 44011-2160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Comm Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-3138
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Szable, Amy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38901 Detroit Rd
 City Avon State OH Zip Code 44011-2160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Business Comm Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-3130
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Tanner, Neil, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-15325
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Tanner, Neil, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Chestnut St # 2
 City Philadelphia State PA Zip Code 19192-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Chief Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-15296
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tindall, Jeffrey, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-9207

Amount of Each Receipt this Period
50.00

Memo Item

B. Tindall, Jeffrey, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) Government Affairs Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-9186

Amount of Each Receipt this Period
50.00

Memo Item

C. Track, Rowena, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Digital Marketing
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2018

Transaction ID : 20180305203511-28485

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Track, Rowena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Digital Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-28413
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Triplett, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E Cary St
 City Richmond State VA Zip Code 23219-4063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President US Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-591
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Triplett, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E Cary St
 City Richmond State VA Zip Code 23219-4063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) President US Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-589
 Amount of Each Receipt this Period
 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vancura, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35507 N Via Tramonto
 City Phoenix State AZ Zip Code 85086-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-21212
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Vancura, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35507 N Via Tramonto
 City Phoenix State AZ Zip Code 85086-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Market Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-21171
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Vayer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1571 Sawgrass Corporate Pkwy
 City Sunrise State FL Zip Code 33323-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna BEHAVIORAL HEALTH, INC. Occupation (for Individual) VP Total Health & Network Oper
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-6593
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Vayer, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1571 Sawgrass Corporate Pkwy
 City Sunrise State FL Zip Code 33323-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna BEHAVIORAL HEALTH, INC. Occupation (for Individual) VP Total Health & Network Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-6580
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Velasquez, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 NW 41st St
 City Doral State FL Zip Code 33166-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27081
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Velasquez, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8600 NW 41st St
 City Doral State FL Zip Code 33166-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) App Development Sr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27017
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-1761
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-1757
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Wascher, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 E Palo Verde Dr
 City Phoenix State AZ Zip Code 85018-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-33868
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wascher, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 E Palo Verde Dr
 City Phoenix State AZ Zip Code 85018-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-33761
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wasden, Philip, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Big Bend Trl
 City Sugar Hill State GA Zip Code 30518-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF GA, INC. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-4265
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wasden, Philip, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Big Bend Trl
 City Sugar Hill State GA Zip Code 30518-5691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF GA, INC. Occupation (for Individual) Senior Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-4257
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wells, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Yachts Lndg
 City Mount Juliet State TN Zip Code 37122-6919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-17655
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wells, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Yachts Lndg
 City Mount Juliet State TN Zip Code 37122-6919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp Occupation (for Individual) Business Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-17623
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-16758
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-16728
 Amount of Each Receipt this Period 50.00
 Memo Item

B. White, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-9462
 Amount of Each Receipt this Period 50.00
 Memo Item

C. White, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 Piedmont Rd NE
 City Atlanta State GA Zip Code 30305-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-9441
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wilkosz, Diane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 N Rocky Point Dr
 City Tampa State FL Zip Code 33607-5917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF FL, INC Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-1637
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wilkosz, Diane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 N Rocky Point Dr
 City Tampa State FL Zip Code 33607-5917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIGNA HEALTHCARE OF FL, INC Occupation (for Individual) Provider Contracting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-1633
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Wilson, Jenny, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Chestnut St
 City Chattanooga State TN Zip Code 37402-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Risk & Underwriting Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-2991
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wilson, Jenny, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Chestnut St
 City Chattanooga State TN Zip Code 37402-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Risk & Underwriting Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-2983
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wiss, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 S Bemiston Ave
 City Clayton State MO Zip Code 63105-1988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-7627
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Wolfram, Bradley, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11200 Lakeline Blvd Ste 100
 City Austin State TX Zip Code 78717-0083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-27655
 Amount of Each Receipt this Period 86.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	176.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wolfram, Bradley, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11200 Lakeline Blvd
 Ste 100
 City Austin State TX Zip Code 78717-0083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Operations Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27587
 Amount of Each Receipt this Period 86.00
 Memo Item

B. Wray, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 W 79th St
 City New York State NY Zip Code 10024-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Network Delivery Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19246
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Wray, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 W 79th St
 City New York State NY Zip Code 10024-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Network Delivery Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-19210
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	470.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Yang, Bu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Distinguished Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-6371
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Yang, Bu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CT GENERAL LIFE INSURANCE CO Occupation (for Individual) IT Distinguished Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2018
Transaction ID : 20180319203510-6358
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Yardley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 20180305203511-18071
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Yardley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Griffin Rd N
 City Windsor State CT Zip Code 06095-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Technical Support Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-18037
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Young, Sheffield, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Chase Corporate Dr
 City Hoover State AL Zip Code 35244-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-27066
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Young, Sheffield, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Chase Corporate Dr
 City Hoover State AL Zip Code 35244-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-27002
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Zach, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Heritage Ln
 City Phoenixville State PA Zip Code 19460-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-20815
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Zach, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Heritage Ln
 City Phoenixville State PA Zip Code 19460-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) Sales Director-Sales Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2018
Transaction ID : 20180319203510-20774
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Zaruba, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Cottage Grove Rd
 City Bloomfield State CT Zip Code 06002-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Corp. Occupation (for Individual) VP Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 20180305203511-19645
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 157 OF 177
(check only one)

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zaruba, George, , ,

Mailing Address 900 Cottage Grove Rd

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

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

Name of Employer (for Individual) Cigna Corp.	Occupation (for Individual) VP Information Technology
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2018

Transaction ID : 20180319203510-19609

Amount of Each Receipt this Period
192.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	42141.13

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Arizona Republican Party		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address 3501 North 24Th Street		FEC Identification Number C C00008227 Transaction ID : C526E2D152I Amount of Each Disbursement this Period 2500.00
City Phoenix	State AZ	Zip Code 85016
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name Arizona Republican Party		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) B. Bluegrass Committee		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address 228 S. Washington St., Ste. 115		FEC Identification Number C C00235655 Transaction ID : 8BD07390A4I Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314-5404
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name Bluegrass Committee		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) C. Chuck Fleischmann For Congress Committee, Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address P.O. Box 11091		FEC Identification Number C C00461822 Transaction ID : 37E4936C28I Amount of Each Disbursement this Period 2500.00
City Chattanooga	State TN	Zip Code 37401
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name Fleischmann, Charles, J., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: TN District: 03		

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

A. Citizens For Boyle

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement 2018 Primary

Candidate Name **Boyle, Brendan, Francis, ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 02

Date of Disbursement: 03 / 27 / 2018

FEC Identification Number: **C00543363**
Transaction ID : 31B3D68107

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Citizens For Rush

Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680-7292

Purpose of Disbursement 2018 General

Candidate Name **Rush, Bobby, Lee, ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 01

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: **C00257121**
Transaction ID : 72929E5B181

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Devin Nunes Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement 2018 General

Candidate Name **Nunes, Devin, G., ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 22

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: **C00370056**
Transaction ID : A99C2BBC8

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. George Holding For Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2018

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

FEC Identification Number

C C00499236

Purpose of Disbursement
2018 General

011
Category/
Type

Transaction ID : 98805048927
Amount of Each Disbursement this Period

2500.00

Candidate Name

Holding, George, E., ,

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2018

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

FEC Identification Number

C C00471607

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Transaction ID : EB7C120E7F
Amount of Each Disbursement this Period

2500.00

Candidate Name

Hellerhighwater PAC

Office Sought: House
 Senate
 President
State: District: Contribution

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)
C. Jason Smith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2018

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

FEC Identification Number

C C00541862

Purpose of Disbursement
2018 General

011
Category/
Type

Transaction ID : 602C080FFF
Amount of Each Disbursement this Period

5000.00

Candidate Name

Smith, Jason, Thomas, ,

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

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

10000.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Majority Committee PAC--Mc PAC		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address PO Box 10134		FEC Identification Number C 000428052 Transaction ID : 7A848AEFFB Amount of Each Disbursement this Period 5000.00
City Bakersfield	State CA	Zip Code 93389-0134
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name Majority Committee PAC--Mc PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Contribution	

Full Name (Last, First, Middle Initial) B. Mark Pocan For Congress		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address PO Box 327		FEC Identification Number C 000502179 Transaction ID : E6B80EEB6E Amount of Each Disbursement this Period 2500.00
City Madison	State WI	Zip Code 53701
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name Pocan, Mark, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: WI District: 02		

Full Name (Last, First, Middle Initial) C. Montanans For Tester		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018
Mailing Address PO Box 1135		FEC Identification Number C 000412304 Transaction ID : 4380DEF6B6 Amount of Each Disbursement this Period 2500.00
City Helena	State MT	Zip Code 59624
Purpose of Disbursement 2018 General		011 Category/ Type
Candidate Name Tester, Jon, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MT District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

A. Prosperity Action Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 320 1St Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2018 Contribution

Candidate Name Prosperity Action Inc.

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Contribution

State: District:

Date of Disbursement 03 / 01 / 2018

FEC Identification Number C00377689

Transaction ID : 6C003060A0z

Amount of Each Disbursement this Period 5000.00

Memo Item

B. Ryan For Congress, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement 2018 General

Candidate Name Ryan, Paul, Davis, , Jr.

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WI District: 01

Date of Disbursement 03 / 01 / 2018

FEC Identification Number C00330894

Transaction ID : AFCEECF300

Amount of Each Disbursement this Period 5000.00

Memo Item

C. Ryan For Congress, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement 2018 Primary

Candidate Name Ryan, Paul, Davis, , Jr.

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WI District: 01

Date of Disbursement 03 / 06 / 2018

FEC Identification Number C00330894

Transaction ID : 2BCEC8AA8

Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. Tina Smith For Minnesota

Full Name (Last, First, Middle Initial)
Tina Smith For Minnesota

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement 2018 General

Candidate Name **Smith, Tina, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C00663781
Transaction ID : F401274647E

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	70000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Amanda Edwards Campaign

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66684

City Houston State TX Zip Code 77266

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C [REDACTED]

Transaction ID : 2F0C14A8FA

Amount of Each Disbursement this Period: 750.00

Memo Item

B. Andrew Beshear for Attorney General

Full Name (Last, First, Middle Initial)

Mailing Address 1903 Round Ridge Rd.

City Louisville State KY Zip Code 40207

Purpose of Disbursement Voided 10/18/17 Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2018

FEC Identification Number: C [REDACTED]

Transaction ID : BB8F803D4B

Amount of Each Disbursement this Period: - 2000.00

Memo Item

C. Angela Williams Leadership Fund

Full Name (Last, First, Middle Initial)

Mailing Address 3071 S Irving St

City Denver State CO Zip Code 80236

Purpose of Disbursement Voided 10/18/17 Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 29 / 2018

FEC Identification Number: C [REDACTED]

Transaction ID : 535991C3D8

Amount of Each Disbursement this Period: - 300.00

Memo Item

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

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

- 1550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Arapahoe Leadership Fund

Full Name (Last, First, Middle Initial)

Mailing Address 1925 W Lilley Ave

City Littleton State CO Zip Code 80120

Purpose of Disbursement
Voided 10/18/17 Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 21 / 2018

FEC Identification Number: C [REDACTED]
Transaction ID : 6F2707C2775
Amount of Each Disbursement this Period: - 300.00

Memo Item

B. Arizona Democratic Party (Non-Federal)

Full Name (Last, First, Middle Initial)

Mailing Address 2910 N. Central Avenue

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C [REDACTED]
Transaction ID : BEF31A4F3D
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Brenda Stardig Campaign PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 56386

City Houston State TX Zip Code 77256-6386

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C [REDACTED]
Transaction ID : 74B415791B
Amount of Each Disbursement this Period: 750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2950.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Citizens to Elect Jim Coppinger

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1311

City Hixson State TN Zip Code 37343

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C
Transaction ID : 93883EC1091
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Committee to Elect Eddie Jones

Full Name (Last, First, Middle Initial)
Mailing Address 1725 Holmes Road

City Memphis State TN Zip Code 38116

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C
Transaction ID : 0B8B002ECB
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Dave Martin Campaign

Full Name (Last, First, Middle Initial)
Mailing Address 1 E Greenway Plaza, Ste 225

City Houston State TX Zip Code 77046

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C
Transaction ID : 5BB429892D
Amount of Each Disbursement this Period: 750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. David Briley for Mayor

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 24232

City Nashville State TN Zip Code 37202

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C

Transaction ID : **A6903498FD**

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. David W. Robinson Campaign

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 56386

City Houston State TX Zip Code 77256-6386

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C

Transaction ID : **5C0A7F7A4C**

Amount of Each Disbursement this Period: 750.00

Memo Item

C. Dwight Boykins for Houston City Council Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 4617 Montrose, Suite C-202

City Houston State TX Zip Code 77006

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2018

FEC Identification Number: C

Transaction ID : **6BA3197185**

Amount of Each Disbursement this Period: 750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ellen Cohen Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address P.O. Box 22734		FEC Identification Number C [REDACTED] Transaction ID : E0F2839A06/ Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77227	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Chris Sununu		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address PO Box 957		FEC Identification Number C [REDACTED] Transaction ID : 0B9C7721EB' Amount of Each Disbursement this Period [REDACTED] 5000.00	
City Exeter	State NH	Zip Code 03833	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of Jay Barnes		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 219 East Dunklin Street, Suite A		FEC Identification Number C [REDACTED] Transaction ID : 0D6DC5C495 Amount of Each Disbursement this Period [REDACTED] - 500.00	
City Jefferson City	State MO	Zip Code 65101	Category/ Type 011
Purpose of Disbursement Voided 12/6/17 Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5250.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Friends of Kirk Mathews

Full Name (Last, First, Middle Initial)

Mailing Address 18161 Meramec Vista Lane

City Pacific State MO Zip Code 63069

Purpose of Disbursement
Voided 12/6/17 Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C [redacted]
Transaction ID : 77D1C8ED62
Amount of Each Disbursement this Period: - 500.00

Memo Item

B. Friends to Elect David Lenoir

Full Name (Last, First, Middle Initial)

Mailing Address 878 N. Collierville Arlington

City Collierville State TN Zip Code 38017

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C [redacted]
Transaction ID : C09E6CDD7A
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Friends to Elect Edmund Ford

Full Name (Last, First, Middle Initial)

Mailing Address 917 Summer shade Ln

City Memphis State TN Zip Code 38116

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C [redacted]
Transaction ID : 0412CC69D5
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Friends to Elect Lee Harris

Full Name (Last, First, Middle Initial)

Mailing Address 1456 Carr Ave

City Memphis State TN Zip Code 38104

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C

Transaction ID : D4D41FFCD1

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Friends to Elect Mark Billingsley

Full Name (Last, First, Middle Initial)

Mailing Address 8349 Farrah Ln

City Germantown State TN Zip Code 38139

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C

Transaction ID : 56883933E56

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Friends to Elect Reginald Milton

Full Name (Last, First, Middle Initial)

Mailing Address 1534 Marjorie St

City Memphis State TN Zip Code 38106

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C

Transaction ID : 0BAB4B7F5/

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Friends to Elect Terry Roland

Date of Disbursement: MM / DD / YYYY
03 / 01 / 2018

Mailing Address 1752 Locke Cuba

City Millington State TN Zip Code 38053

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : CF65DFC0CE
Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Friends to Elect Van Turner

Date of Disbursement: MM / DD / YYYY
03 / 01 / 2018

Mailing Address 4860 Lanlee Drive

City Memphis State TN Zip Code 38125

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 770160D23C1
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Friends to Elect Willie Brooks

Date of Disbursement: MM / DD / YYYY
03 / 01 / 2018

Mailing Address 3407 Hocker Hedge Cove

City Memphis State TN Zip Code 38128

Purpose of Disbursement Nonfederal Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : 316C49DB4C
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Greg Travis Campaign

Mailing Address PO Box 41964

City
Houston

State
TX

Zip Code
77241

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C
Transaction ID : D8B339768C
Amount of Each Disbursement this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jack Christie Campaign

Mailing Address 12421 Memorial Drive

City
Houston

State
TX

Zip Code
77024

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C
Transaction ID : 4981EBCCFC
Amount of Each Disbursement this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Karla Cisneros Campaign

Mailing Address 1 Greenway Plaza, Suite 740

City
Houston

State
TX

Zip Code
77046

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number

C
Transaction ID : 77FA0F6C1C
Amount of Each Disbursement this Period
750.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Kubosh Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address 1701 Lubbock St.		FEC Identification Number C [REDACTED] Transaction ID : B8FF88BD08 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77007	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Mike Knox Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address PO Box 1581		FEC Identification Number C [REDACTED] Transaction ID : B9B9C580E71 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77251	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Mike Laster Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address P.O. Box 36521		FEC Identification Number C [REDACTED] Transaction ID : 8EFD6770D9 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77236	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2250.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rebecca Rios 2018		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 3136 E Beautiful Ln		FEC Identification Number C [REDACTED] Transaction ID : DFBC402B6F Amount of Each Disbursement this Period [REDACTED] - 250.00	
City Phoenix	State AZ	Zip Code 85042	Category/ Type 011
Purpose of Disbursement Voided 10/12/17 Disbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Robert Gallegos Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address P.O. Box 230087		FEC Identification Number C [REDACTED] Transaction ID : F6455F0A257 Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77223	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Steve Le Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address PO Box 721055		FEC Identification Number C [REDACTED] Transaction ID : 97A566B926! Amount of Each Disbursement this Period [REDACTED] 750.00	
City Houston	State TX	Zip Code 77272	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1250.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sylvester Turner Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address PO Box 56386		FEC Identification Number C [] Transaction ID : 2A74FEAAF6 Amount of Each Disbursement this Period [] 750.00	
City Houston	State TX	Zip Code 77256	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. The Jerry Davis Campaign		Date of Disbursement MM / DD / YYYY 03 / 26 / 2018	
Mailing Address 1 Greenway Plaza, Suite 740		FEC Identification Number C [] Transaction ID : 1C07FA4D8F1 Amount of Each Disbursement this Period [] 750.00	
City Houston	State TX	Zip Code 77046	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	30150.00