

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 One Liberty Place  
 1650 Market Street  
 Philadelphia PA 19152

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00005316 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. Covering Period 01 01 2002 through 01 31 2002

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

Type or Print Name of Treasurer Jennifer McGuire, Assistant Treasurer  
 Signature of Treasurer Electronically Filed by Jennifer McGuire, Assistant Treasurer Date 02 06 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: <sup>h</sup> 01 <sup>d</sup> 01 <sup>y</sup> 2002 To: <sup>h</sup> 01 <sup>d</sup> 31 <sup>y</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		270069.26
(b) Cash on Hand at Beginning of Reporting Period .....	270069.26	
(c) Total Receipts (from Line 19) .....	63777.40	63777.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	333846.66	333846.66
7. Total Disbursements (from Line 30) .....	51551.50	51551.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	282295.16	282295.16
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	.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 (Revised 1/2001)

Page 3

Write or Type Committee Name

CIGNA Corporation Political Action Committee

Report Covering the Period: From: <sup>W</sup> 0 1 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 2 To: <sup>W</sup> 0 1 <sup>D</sup> 3 1 <sup>Y</sup> 2 0 0 2

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) .....	8961.25	
(ii) Unitemized .....	54289.76	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	63251.01	63251.01
(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 32, page 4) .....	63251.01	63251.01
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	276.39	276.39
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	63777.40	63777.40
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	63777.40	63777.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1.50	1.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1.50	1.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49550.00	49550.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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.....	2000.00	2000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	51551.50	51551.50
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	51551.50	51551.50
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	63251.01	63251.01
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	63251.01	63251.01
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1.50	1.50
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1.50	1.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)  
**A. MS. ANDREA ANANIA**

Mailing Address  
3232 TOWN RDG  
City: MIDDLETOWN State: CT Zip Code: 06457

Date of Receipt  
M / D / Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: EVP, CIGNA SYSTEMS Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00321881CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. WILLARD BASHAN**

Mailing Address  
78 ROLLING WOODS LN  
City: BEDFORD State: NH Zip Code: 03110

Date of Receipt  
M / D / Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: GML - NEW ENGLAND Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00321896CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD A. BATES**

Mailing Address  
15 ORCHARD LN  
City: SIMSBURY State: CT Zip Code: 06070

Date of Receipt  
M / D / Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: UNDER 500 SEGMENT MKT LEADER Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Transaction ID: Gift00323398CIGNA001

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. MR. MARK BERTOLINI**

Mailing Address  
11 ROBINS RD  
City State Zip Code  
AVON CT 06001

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period  
96.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP OF NAT'L SAL & DEL NETWORK

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 288.00

Transaction ID: Gift00323106CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. RICHARD D. BORSCHUK**

Mailing Address  
417 OLD CHURCH ROAD  
City State Zip Code  
CORRALES NM 87048

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation One-time  
LOVELACE SVP CHIEF FINANCE OFFICER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: Gift00318143CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. KENNETH R. BOTTOMS**

Mailing Address  
1022 MUIRFIELD DR  
City State Zip Code  
MANSFIELD TX 76065

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA VP COMPENSATION

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00321703CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **581.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
MS. CAROLYN D. BYERLY

Mailing Address  
13601 ELENA GALLEGOS PL NE

City State Zip Code  
ALBUQUERQUE NM 87111

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LOVELACE SVP CHIEF INFO OFFICER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: Gift00316144CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. BARRY H. CALDWELL

Mailing Address  
1818 UPSHUR ST NW

City State Zip Code  
WASHINGTON DC 20011

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2002

Amount of Each Receipt this Period  
98.15

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CIGNA CORPORATION VP, GOVERNMENT RELATIONS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 288.45

Transaction ID: Gift00323812CIGNA001

**C.** Full Name (Last, First, Middle Initial)  
MS. PAULINE A. GANDAUX

Mailing Address  
762 E PASSYUNK AVE

City State Zip Code  
PHILADELPHIA PA 19147

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CIGNA CORPORATION VP & CHIEF COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00320108CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **431.15**

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

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

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

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
CIGNA Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. MR. JOHN CANNON III</b>		Date of Receipt N M / D E / Y Y Y Y 0 1 / 2 9 / 2 0 0 2	
Mailing Address PO BOX 228 City State Zip Code SOLEBURY PA 18863		Amount of Each Receipt this Period 96.00	
FEC ID number of contributing federal political committee.			
Name of Employer CIGNA CORPORATION		Occupation CHIEF COUNSEL - INT'L & CHC	
Payroll			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00	
		Transaction ID: Gift00321318CIGNA001	
Full Name (Last, First, Middle Initial) <b>B. MS. MARY L. CASEY</b>		Date of Receipt N M / D E / Y Y Y Y 0 1 / 2 9 / 2 0 0 2	
Mailing Address 33 ACORN RD City State Zip Code MADISON CT 06443		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee.			
Name of Employer CIGNA INVESTMENT MANAGEMENT		Occupation MANAGING DIR, PRIV&ALT	
Payroll			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	
		Transaction ID: Gift00321555CIGNA001	
Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT F. CLARK</b>		Date of Receipt N M / D E / Y Y Y Y 0 1 / 2 9 / 2 0 0 2	
Mailing Address 2 REED HILL DR City State Zip Code GRANBY CT 06035		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee.			
Name of Employer CT GENERAL LIFE INSURANCE CO		Occupation SVP DEFINED BEN/CIGNA SELECT	
Payroll			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	
		Transaction ID: Gift00320133CIGNA001	

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **271.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. ERIC CONSOLAZIO**

Mailing Address  
7 STONEFIELD CT  
CORTLANDT MANOR NY 10567

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: PRACTICE MANAGER  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00323364CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. THOMAS A. CROSWELL**

Mailing Address  
121 THISTLE POND DR  
BLOOMFIELD CT 06002

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: SVP, PHARMACY MGMT  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00322484CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. GREGORY E. DEAVENS**

Mailing Address  
10 HENLEY COMMONS  
FARMINGTON CT 06032

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CIGNA CORPORATION  
Occupation: VP, INVESTOR RELATIONS  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00323158CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MS. JEANNINE DOHERTY**

Mailing Address  
15038 N 43RD ST  
City State Zip Code  
PHOENIX AZ 85032

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period  
324.28

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO RELATIONSHIP CLIENT MGR - A

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 324.28

Transaction ID: Gift00313062CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MS. JEANNINE DOHERTY**

Mailing Address  
15038 N 43RD ST  
City State Zip Code  
PHOENIX AZ 85032

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period  
5.77

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO RELATIONSHIP CLIENT MGR - A

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 330.05

Transaction ID: Gift00316955CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. JEANNINE DOHERTY**

Mailing Address  
15038 N 43RD ST  
City State Zip Code  
PHOENIX AZ 85032

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

Amount of Each Receipt this Period  
88.42

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO RELATIONSHIP CLIENT MGR - A

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 416.47

Transaction ID: Gift00320824CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **416.47**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. MS. HEYWARD DONIGAN**

Mailing Address  
3D NORTHMOOR RD  
WEST HARTFORD CT 06117

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
96.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: SVP TRANSFORMATION  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.00

Transaction ID: Gift00322339CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. DONALD M. DUFORD**

Mailing Address  
6 SUNNINGDALE  
FARMINGTON CT 06032

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO  
Occupation: SVP NATIONAL ACCOUNT MGMT  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00321010CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. LUCINDA J. DURNING**

Mailing Address  
817 LOVELAND RD  
MOORESTOWN NJ 08057

Date of Receipt  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: LIFE INS. CO. OF NORTH AMERICA  
Occupation: SVP-HR, CGI  
Payroll

Receipt For: Primary General Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00323710CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **266.00**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A. FERNANDEZ

Mailing Address  
222 BROUGHTON LN

City State Zip Code  
VILLANOVA PA 19085

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2002

Amount of Each Receipt this Period  
190.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION SVP, PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 380.00

Transaction ID: Gift00319586CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL A. FERNANDEZ

Mailing Address  
222 BROUGHTON LN

City State Zip Code  
VILLANOVA PA 19085

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
190.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION SVP, PUBLIC AFFAIRS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 570.00

Transaction ID: Gift00323408CIGNA001

**C.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL FERRIS

Mailing Address  
78 COBBLESTONE RD

City State Zip Code  
GLASTONBURY CT 06033

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP NETWORK OPERATIONS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00322980CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **465.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. MR. RICHARD H. FORDE**

Mailing Address  
5 BRIGHTON LN  
City: SIMSBURY State: CT Zip Code: 06070

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

Amount of Each Receipt this Period  
90.00

FEC ID number of contributing federal political committee.

Name of Employer: CIGNA INVESTMENT MANAGEMENT Occupation: MANAGING DIR, INS INV ADV Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Transaction ID: Gift00320240CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MS. PHYLLIS A. FREYER**

Mailing Address  
PO BOX 485  
City: SANDIA PARK State: NM Zip Code: 87047

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer: LOVELACE Occupation: SVP BUS DEV One-time

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: Gift00316142CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. HELEN K. FRYE**

Mailing Address  
58 LOST ACRES RD  
City: NORTH GRANBY State: CT Zip Code: 06060

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

Amount of Each Receipt this Period  
98.00

FEC ID number of contributing federal political committee.

Name of Employer: CIGNA INVESTMENT MANAGEMENT Occupation: SVP HR Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00

Transaction ID: Gift00320248CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **686.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

A. MR. IANA GLEW

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 1 / 2 0 / 2 0 0 2

29 PINNACLE MOUNTAIN RD

City State Zip Code

SIMSBURY CT 06070

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

85.00

Name of Employer Occupation  
CT GENERAL LIFE INSURANCE CO SVP, TOTAL RETIREMENT SVCS

Payroll

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00321955CIGNA001

Full Name (Last, First, Middle Initial)

B. MR. JOHN GRAHAM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 1 / 3 0 / 2 0 0 2

PO BOX 14825

City State Zip Code

ALBUQUERQUE NM 87191

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

61.00

Name of Employer Occupation  
LOVELACE MD

Payroll

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 204.12

Transaction ID: Gift00323857CIGNA001

Full Name (Last, First, Middle Initial)

C. MR. H E HANWAY

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 1 / 1 6 / 2 0 0 2

19 OLD COVERED BRIDGE RD

City State Zip Code

NEWTOWN SQUARE PA 19075

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

192.30

Name of Employer Occupation  
CIGNA CORPORATION PRESIDENT/CEO

Payroll

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 384.60

Transaction ID: Gift00316437CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **328.33**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. MR. H. E. HANWAY**

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

Mailing Address  
19 OLD COVERED BRIDGE RD

City State Zip Code  
NEWTOWN SQUARE PA 19073

Amount of Each Receipt this Period  
192.30

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION PRESIDENT/CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 576.90

Transaction ID: Gift00320312CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. MARTIN HICKEY**

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 2

Mailing Address  
1531 EAGLE RIDGE NE

City State Zip Code  
ALBUQUERQUE NM 87122

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation One-time  
LOVELACE PRESIDENT AND CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: Gift00316141CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. THOMAS G. JONES**

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 2

Mailing Address  
14 SHIBAH DR

City State Zip Code  
BLOOMFIELD CT 06002

Amount of Each Receipt this Period  
192.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA INVESTMENT MANAGEMENT PRESIDENT, CR&IS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 364.00

Transaction ID: Gift00316502CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1384.30**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS C. JONES

Mailing Address  
14 SHIBAH DR

City State Zip Code  
BLOOMFIELD CT 06002

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

Amount of Each Receipt this Period  
192.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA INVESTMENT MANAGEMENT PRESIDENT, CR&IS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 576.00

Transaction ID: Gift00320377CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. HOWARD KAHN

Mailing Address  
18 OTTER COVE DR

City State Zip Code  
OLD SAYBROOK CT 06475

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA SVP, LATIN AMERICA

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00323404CIGNA001

**C.** Full Name (Last, First, Middle Initial)  
MR. TERRY L. KENDALL

Mailing Address  
826 OXFORD CRST

City State Zip Code  
VILLANOVA PA 19085

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period  
154.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA PRESIDENT, CIGNA INT'L

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 308.00

Transaction ID: Gift00315886CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **431.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. MR. TERRY L. KENDALL**

Mailing Address  
828 OXFORD CRST  
City: VILLANOVA State: PA Zip Code: 19085

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
154.00

FEC ID number of contributing federal political committee.

Name of Employer: LIFE INS. CO. OF NORTH AMERICA Occupation: PRESIDENT, CIGNA INTL Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00

Transaction ID: Gift00322823CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. JOHN C. LANGENUS**

Mailing Address  
5 GRANT ESTATE DR  
City: WEST SIMSBURY State: CT Zip Code: 06092

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: NATIONAL ACCOUNTS Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Transaction ID: Gift00320423CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD M. LEVINSON**

Mailing Address  
2107 DELANCEY ST  
City: PHILADELPHIA State: PA Zip Code: 19103

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer: CIGNA CORPORATION Occupation: EVP, HR & SERVICES Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Transaction ID: Gift00320435CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **354.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. ARTHUR LIFSON**

Mailing Address  
5B18 LINDEN SQUARE CT

City State Zip Code  
NORTH BETHESDA MD 20852

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION VP, FEDERAL AFFAIRS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: Gift00320439CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. JONATHAN MAYHEW**

Mailing Address  
71 RANDI DR

City State Zip Code  
MADISON CT 06443

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP, PRODUCT MANAGEMENT

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: Gift00322942CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. PATRICK J. MCNELIS**

Mailing Address  
18 RIVERS EDGE DR

City State Zip Code  
COLTS NECK NJ 07722

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA INVESTMENT MANAGEMENT MAN DIR, INSTITUTIONAL SALES

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00323441CIGNA001

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
MR. MARGARET M. MCCARTHY

Mailing Address  
PO BOX 641 26 POND ST  
City State Zip Code  
CHATHAM MA 02633

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP, INFO SYSTEMS, CHC

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00323514CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. ANDREW J. MELLEN

Mailing Address  
620 N HEILBRON DR  
City State Zip Code  
MEDIA PA 19063

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA SVP, CIEB, US & EUROPE

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00321170CIGNA001

**C.** Full Name (Last, First, Middle Initial)  
MR. GERALD MEYN

Mailing Address  
1110 HUNT SEAT DR  
City State Zip Code  
LOWER GWYNEDD PA 19002

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

Amount of Each Receipt this Period  
97.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION VP, EMP BENEFITS & HEALTH MGMT

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 291.00

Transaction ID: Gift00321896CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **267.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. MICHAEL MIRT**

Mailing Address  
10040 E HAPPY VALLEY RD #267  
City State Zip Code  
SCOTTSDALE AZ 85255

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO GML - SOUTHWEST

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00323087CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. JEFFREY L. NOVAK**

Mailing Address  
34 SHERMAN DR  
City State Zip Code  
MALVERN PA 19355

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA SVP, SYSTEMS

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00323773CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. MARJORIE O'MALLEY**

Mailing Address  
28 LOYAL LEDGE LN  
City State Zip Code  
GUILFORD CT 06437

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

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP, MEDUNITE

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 255.00

Transaction ID: Gift00323513CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
MS. CAROL M. OLSEN

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Mailing Address  
6 ELCY WAY

City State Zip Code  
SIMSBURY CT 06070

Amount of Each Receipt this Period  
70.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP-HR, CHC

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 210.00

Transaction ID: Gift00320542CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM M. PASTORE

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2002

Mailing Address  
18 HASTINGS TURN

City State Zip Code  
AVON CT 06001

Amount of Each Receipt this Period  
154.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO PRESIDENT, CHC

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 308.00

Transaction ID: Gift00318093CIGNA001

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM M. PASTORE

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Mailing Address  
18 HASTINGS TURN

City State Zip Code  
AVON CT 06001

Amount of Each Receipt this Period  
154.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO PRESIDENT, CHC

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 462.00

Transaction ID: Gift00321899CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **378.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. KIRK ROTHROCK**

Mailing Address  
605 MEADOWS EDGE LN  
City: VILLANOVA State: PA Zip Code: 19085

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: PRESIDENT - INTRACORP Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Transaction ID: Gift00323139CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MS. PATRICIA L. ROWLAND**

Mailing Address  
306 W STURBRIDGE RD  
City: EAST BROOKFIELD State: MA Zip Code: 01515

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
98.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: SVP STRATEGY, PRODUCT & MKTG Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 268.00

Transaction ID: Gift00320897CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. VICTOR E. SALITERMAN**

Mailing Address  
8 CLOVER LN  
City: WEATOGUE State: CT Zip Code: 06089

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
70.00

FEC ID number of contributing federal political committee.

Name of Employer: CT GENERAL LIFE INSURANCE CO Occupation: SVP STRATEGY & BUS DEV Payroll

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Transaction ID: Gift00322240CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **251.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. W.A. SCHAFFER**

Mailing Address  
171 BLOOMFIELD AVE  
City State Zip Code  
HARTFORD CT 06105

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 20 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP - MANAGED CARE

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: Gift00320647CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. WILLIAM S. SILVANIĆ**

Mailing Address  
120 CREAMERY HILL RD  
City State Zip Code  
GRANBY CT 06035

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 20 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO CONTROLLER, CRIS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: Gift00320880CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. JUDITH E. SOLTZ**

Mailing Address  
61 ROSEMONT AVE  
City State Zip Code  
ROSEMONT PA 19010

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 16 / 2002

Amount of Each Receipt this Period  
160.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION EVP, GEN COUNS & PUB AFFAIRS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 320.00

Transaction ID: Gift00316828CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **360.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

**A. MS. JUDITH E. SOLTZ**

Date of Receipt

Mailing Address

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

61 ROSEMONT AVE

City

State

Zip Code

ROSEMONT

PA

19010

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

180.00

Name of Employer  
CIGNA CORPORATION

Occupation

EVP, GEN COUNS & PUB AFFAIRS

Payroll

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

480.00

Transaction ID: Gift00320699CIGNA001

Full Name (Last, First, Middle Initial)

**B. MR. JAMES G. STEWART**

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 1 / 1 8 / 2 0 0 2

124 MOSCIA LN

City

State

Zip Code

WAYNE

PA

19087

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

125.00

Name of Employer  
CIGNA CORPORATION

Occupation

EXEC VP & CFO

Payroll

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: Gift00316841CIGNA001

Full Name (Last, First, Middle Initial)

**C. MR. JAMES G. STEWART**

Date of Receipt

Mailing Address

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

124 MOSCIA LN

City

State

Zip Code

WAYNE

PA

19087

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

125.00

Name of Employer  
CIGNA CORPORATION

Occupation

EXEC VP & CFO

Payroll

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

375.00

Transaction ID: Gift00320711CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK K. TYLUS**

Mailing Address  
1B JAMES CT

City State Zip Code  
AVON CT 06001

Date of Receipt  
N M / D E / Y Y Y Y  
01 29 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO PRESIDENT, CIGNA DENTAL

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00323241CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MR. PETER J. VOGT**

Mailing Address  
1182 PEBBLE SPRING DR

City State Zip Code  
BERWYN PA 19312

Date of Receipt  
N M / D E / Y Y Y Y  
01 29 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
LIFE INS. CO. OF NORTH AMERICA CHIEF FINANCIAL OFFICER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00323208CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MR. LEROY A. VOLBERDING**

Mailing Address  
1120 GOLDENROD AVE

City State Zip Code  
CORONA DEL MAR CA 92825

Date of Receipt  
N M / D E / Y Y Y Y  
01 29 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA HEALTHCARE OF CA, INC. GML - WEST COAST

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift0032320CIGNA001

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. MR. BERT B. WAGENER**

Mailing Address  
322 SHERIDAN RD

City State Zip Code  
KENILWORTH IL 60043

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CT GENERAL LIFE INSURANCE CO SVP, ONECIGNA

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: Gift00321734CIGNA001

Full Name (Last, First, Middle Initial)  
**B. MS. JEAN H. WALKER**

Mailing Address  
28 AVONRIDGE

City State Zip Code  
AVON CT 06001

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA INVESTMENT MANAGEMENT CFO, CRIS

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 225.00

Transaction ID: Gift00321049CIGNA001

Full Name (Last, First, Middle Initial)  
**C. MS. CAROL WARD**

Mailing Address  
112 HICKORY LN

City State Zip Code  
ROSEMONT PA 19010

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION CORP SECRETARY & COMP OFFICER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 255.00

Transaction ID: Gift00320766CIGNA001

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MR. PHILIP J. WARD

Mailing Address  
19 CLAYBAR DR

City State Zip Code  
W HARTFORD CT 06117

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

Amount of Each Receipt this Period  
90.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA INVESTMENT MANAGEMENT SR MNG DIR, DIV HD R.E. INV

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: Gift00320767CIGNA001

**B.** Full Name (Last, First, Middle Initial)  
MR. GREGORY H. WOLF

Mailing Address  
1843 W TELEMARCK CIR

City State Zip Code  
GREEN BAY WI 54313

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

Amount of Each Receipt this Period  
98.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll  
CIGNA CORPORATION PRES, SMALL CASE BUSINESS DEV.

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 268.00

Transaction ID: Gift00323826CIGNA001

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>186.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>8961.25</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 43
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)  
DEAN MARTIN

Mailing Address  
23227 NORTH 23RD PLACE

City State Zip Code  
PHOENIX AZ 85024

Date of Receipt  
M / D / Y Y Y Y  
01 / 23 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Refunds of Federal Contributions

Amount of Each Receipt this Period  
250.00

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: Gift00323867CIGNA001

B.

C.

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 43
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
A. PNC Bank

Mailing Address  
P.O. Box 7648

City Philadelphia State PA Zip Code 19101

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Other Federal Receipts

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 276.39

Amount of Each Receipt this Period 276.39

Transaction ID: Gift00323866CIGNA001

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>276.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>276.39</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PNC Bank		Date of Disbursement 01 / 31 / 2002
Mailing Address P.O. Box 7648 City Philadelphia State PA Zip Code 19101		Amount of Each Disbursement this Period 1.50
Purpose of Disbursement Bank Charges		Category/ Type
Candidate Name PNC Bank		
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary General X Other (specify) ▼ Other	Transaction ID: Cant00001958CIGNA001

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1.50</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A. Representative Roy Blunt</b></p> <p>Full Name (Last, First, Middle Initial) Representative Roy Blunt</p> <p>Mailing Address 1300 Pennsylvania Avenue, NW Suite 700 City State Zip Code Washington DC 20004</p> <p>Purpose of Disbursement Roy Blunt</p> <p>Candidate Name Representative Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001943CIGNA001</p>
<p><b>B. Representative John A. Boehner</b></p> <p>Full Name (Last, First, Middle Initial) Representative John A. Boehner</p> <p>Mailing Address 111 C Street, SE City State Zip Code Washington DC 20003</p> <p>Purpose of Disbursement John A. Boehner</p> <p>Candidate Name Representative John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001942CIGNA001</p>
<p><b>C. Representative John A. Boehner</b></p> <p>Full Name (Last, First, Middle Initial) Representative John A. Boehner</p> <p>Mailing Address 7908 Cincinnati-Dayton Road Suite 1 City State Zip Code West Chester OH 45069</p> <p>Purpose of Disbursement John A. Boehner</p> <p>Candidate Name Representative John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001953CIGNA001</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ <b>3000.00</b></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative Richard Burr</p> <p>Mailing Address P.O. Box 5732 City: Winston-Salem State: NC Zip Code: 27113</p> <p>Purpose of Disbursement Richard Burr</p> <p>Candidate Name Representative Richard Burr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001911CIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Senator Thomas R. Carper</p> <p>Mailing Address 729 - 15th Street, NW 3rd Floor City: Washington State: DC Zip Code: 20006</p> <p>Purpose of Disbursement Thomas R. Carper</p> <p>Candidate Name Senator Thomas R. Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 550.00</p> <p>Transaction ID: Cont00001944CIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committee</p> <p>Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202</p> <p>Purpose of Disbursement Christopher Shays</p> <p>Candidate Name Representative Christopher Shays</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001901CIGNA001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2550.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 43

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

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

Full Name (Last, First, Middle Initial) <b>A. Norm Coleman</b>			Date of Disbursement 01 / 31 / 2002	
Mailing Address 1805 Mourment Drive City: Richmond State: VA Zip Code: 23220			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Norm Coleman			Category/ Type	
Candidate Name Norm Coleman				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: Cont00001912CIGNA001	
State: MN      District: 00				

Full Name (Last, First, Middle Initial) <b>B. Senator Susan M. Collins</b>			Date of Disbursement 01 / 31 / 2002	
Mailing Address P.O. Box 1337 City: Portland State: ME Zip Code: 04104-1337			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Susan M. Collins			Category/ Type	
Candidate Name Senator Susan M. Collins				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: Cont00001905CIGNA001	
State: ME      District: 00				

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Dole</b>			Date of Disbursement 01 / 31 / 2002	
Mailing Address P.O. Box 2108 City: Salisbury State: NC Zip Code: 28145			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Elizabeth Dole			Category/ Type	
Candidate Name Elizabeth Dole				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		Transaction ID: Cont00001910CIGNA001	
State: NC      District: 00				

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 43

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative Mike Ferguson</p> <p>Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202</p> <p>Purpose of Disbursement Mike Ferguson</p> <p>Candidate Name Representative Mike Ferguson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: Cont00001902CIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Representative Paul E. Gillmor</p> <p>Mailing Address 2318 S. Rolfe Street City: Arlington State: VA Zip Code: 22202</p> <p>Purpose of Disbursement Paul E. Gillmor</p> <p>Candidate Name Representative Paul E. Gillmor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001897CIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Representative Mark Green</p> <p>Mailing Address P.O.Box 2776 City: Arlington State: VA Zip Code: 22202</p> <p>Purpose of Disbursement Mark Green</p> <p>Candidate Name Representative Mark Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001895CIGNA001</p>

**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative Felix J. Grucci, Jr.</p> <p>Mailing Address P.O. Box 2776 City: Arlington State: VA Zip Code: 22202</p> <p>Purpose of Disbursement Felix J. Grucci, Jr.</p> <p>Candidate Name Representative Felix J. Grucci, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: Cont00001907CIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Representative J. Dennis Hastert</p> <p>Mailing Address P.O. Box 625 City: Batavia State: IL Zip Code: 60510</p> <p>Purpose of Disbursement J. Dennis Hastert</p> <p>Candidate Name Representative J. Dennis Hastert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001949CIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Representative Robin Hayes</p> <p>Mailing Address P.O. Box 2000 City: Concord State: NC Zip Code: 28026</p> <p>Purpose of Disbursement Robin Hayes</p> <p>Candidate Name Representative Robin Hayes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001899CIGNA001</p>

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Representative Nancy Lee Johnson</b>		Date of Disbursement 01 / 28 / 2002	
Mailing Address 2600 Virginia Avenue, NW Suite 506 City State Zip Code Washington DC 20037		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Nancy Lee Johnson		Category/ Type	
Candidate Name Representative Nancy Lee Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CT      District: 06	Transaction ID: Cont00001945CIGNA001		

Full Name (Last, First, Middle Initial) <b>B. Representative Nancy Lee Johnson</b>		Date of Disbursement 01 / 31 / 2002	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151-1852		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Nancy Lee Johnson		Category/ Type	
Candidate Name Representative Nancy Lee Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CT      District: 06	Transaction ID: Cont00001896CIGNA001		

Full Name (Last, First, Middle Initial) <b>C. Representative Ken Lucas</b>		Date of Disbursement 01 / 31 / 2002	
Mailing Address 499 S. Capitol Street, SW Suite 803 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Ken Lucas		Category/ Type	
Candidate Name Representative Ken Lucas			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: KY      District: 04	Transaction ID: Cont00001908CIGNA001		

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

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative Jim Matheson</p> <p>Mailing Address P.O. Box 636 City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement Jim Matheson</p> <p>Candidate Name Representative Jim Matheson</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</td> </tr> <tr> <td>State: UT District: 02</td> <td></td> </tr> </table>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: UT District: 02		<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001952CIGNA001</p>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: UT District: 02					
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Cmte.</p> <p>Mailing Address 320 First Street, S.E. City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement National Republican Congressional Cmte.</p> <p>Candidate Name National Rep. Congressional Cmte.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	State: District:		<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>Transaction ID: Cont0000194DCIGNA001</p>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Democrat Network</p> <p>Mailing Address 777 North Capital Street, NE Suite 410 City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement New Democrat Network</p> <p>Candidate Name New Democrat Network</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other</td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	State: District:		<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Transaction ID: Cont00001916CIGNA001</p>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ <b>21000.00</b></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>					

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative Anne Meagher Northup</p> <p>Mailing Address P.O. Box 7313 City: Louisville State: KY Zip Code: 40257</p> <p>Purpose of Disbursement Anne Meagher Northup</p> <p>Candidate Name Representative Anne Meagher Northup</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001906CIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Representative Jim Nussle</p> <p>Mailing Address 223 West Main Street P.O. Box 324 City: Manchester State: IA Zip Code: 52057</p> <p>Purpose of Disbursement Jim Nussle</p> <p>Candidate Name Representative Jim Nussle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001948CIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Representative Thomas E. Petri</p> <p>Mailing Address 1707 Prince Street, #8 City: Alexandria State: VA Zip Code: 22314</p> <p>Purpose of Disbursement Thomas E. Petri</p> <p>Candidate Name Representative Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001941CIGNA001</p>

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Representative Earl Pomeroy</b>		Date of Disbursement 01 / 28 / 2002	
Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013-5214		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Earl Pomeroy		Category/ Type	
Candidate Name Representative Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: Cont00001951CIGNA001	
State: ND      District: 01			

Full Name (Last, First, Middle Initial) <b>B. Senator Pat Roberts</b>		Date of Disbursement 01 / 31 / 2002	
Mailing Address P.O. Box 433 City Great Bend State KS Zip Code 67530		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Pat Roberts		Category/ Type	
Candidate Name Senator Pat Roberts			
Office Sought:    House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: Cont00001906CIGNA001	
State: KS      District: 00			

Full Name (Last, First, Middle Initial) <b>C. Representative John M. Shimkus</b>		Date of Disbursement 01 / 31 / 2002	
Mailing Address P.O. Box 2776 City Arlington State VA Zip Code 22202		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement John M. Shimkus		Category/ Type	
Candidate Name Representative John M. Shimkus			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: Cont00001915CIGNA001	
State: IL      District: 20			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bill Shuster</p> <p>Mailing Address P.O. Box 1473 City: Altoona State: PA Zip Code: 16803</p> <p>Purpose of Disbursement Bill Shuster</p> <p>Candidate Name Bill Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont0000195DCIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Representative Billy Tauzin</p> <p>Mailing Address 104 Hume Avenue City: Alexandria State: VA Zip Code: 22301</p> <p>Purpose of Disbursement Billy Tauzin</p> <p>Candidate Name Representative Billy Tauzin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont0000189BCIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Senator Fred Thompson</p> <p>Mailing Address 2000 Glen Echo Road Suite 107 City: Nashville State: TN Zip Code: 37215</p> <p>Purpose of Disbursement Fred Thompson</p> <p>Candidate Name Senator Fred Thompson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001904CIGNA001</p>

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

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Representative John R. Thune</p> <p>Mailing Address P.O. Box 516 City: Sioux Falls      State: SD      Zip Code: 57101</p> <p>Purpose of Disbursement John R. Thune</p> <p>Candidate Name Representative John R. Thune</p> <p>Office Sought:      House                           <input checked="" type="checkbox"/> Senate                           President</p> <p>Disbursement For:      2002                                   <input checked="" type="checkbox"/> Primary      General                                   Other (specify) ▼</p> <p>State: SD      District: 01</p>	<p>Date of Disbursement 01 / 28 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001946CIGNA001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Representative John R. Thune</p> <p>Mailing Address P.O. Box 516 City: Sioux Falls      State: SD      Zip Code: 57101</p> <p>Purpose of Disbursement John R. Thune</p> <p>Candidate Name Representative John R. Thune</p> <p>Office Sought:      House                           <input checked="" type="checkbox"/> Senate                           President</p> <p>Disbursement For:      2002                                   <input checked="" type="checkbox"/> Primary      General                                   Other (specify) ▼</p> <p>State: SD      District: 01</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: Cont00001914CIGNA001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Representative Patrick J. Tiberi</p> <p>Mailing Address 211 South Fifth Street City: Columbus      State: OH      Zip Code: 43215</p> <p>Purpose of Disbursement Patrick J. Tiberi</p> <p>Candidate Name Representative Patrick J. Tiberi</p> <p>Office Sought:      <input checked="" type="checkbox"/> House                                   Senate                                   President</p> <p>Disbursement For:      2002                                   <input checked="" type="checkbox"/> Primary      General                                   Other (specify) ▼</p> <p>State: OH      District: 12</p>	<p>Date of Disbursement 01 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: Cont00001913CIGNA001</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. Representative Curt Weldon</b>		Date of Disbursement 01 / 31 / 2002	
Mailing Address 805 - 15th Street, NW Suite 500 City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Curt Weldon		Category/ Type	
Candidate Name Representative Curt Weldon			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: Cant00001903CIGNA001	
State: PA      District: 07			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>49550.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. John Comyn</b>		Date of Disbursement 01 / 14 / 2002	
Mailing Address P.O. Box 12883 City State Zip Code Austin TX 78711-2883		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement John Comyn		Category/ Type	
Candidate Name John Comyn			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: Cont00001921CIGNA001	
State: TX      District: 00			

Full Name (Last, First, Middle Initial) <b>B. RLEC</b>		Date of Disbursement 01 / 28 / 2002	
Mailing Address P.O. Box 805 City State Zip Code Manchester VT 05254		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Rep. Legislative Election Cmte.		Category/ Type	
Candidate Name Republican Legislative Election Cm			
Office Sought: House Senate President	Disbursement For: 2002 Primary    General X Other (specify) ▼ Other	Transaction ID: Cont00001955CIGNA001	
State: VT      District: 00			

Full Name (Last, First, Middle Initial) <b>C. Vermont Democratic Party</b>		Date of Disbursement 01 / 28 / 2002	
Mailing Address P.O. Box 1220 City State Zip Code Montpelier VT 05601		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Vermont Democratic Party		Category/ Type	
Candidate Name Vermont Democratic Party			
Office Sought: House Senate President	Disbursement For: 2002 Primary    General X Other (specify) ▼ Other	Transaction ID: Cont00001954CIGNA001	
State: VT      District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2000.00</b>