

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 444
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gallagher, Shawn, David, ,

Mailing Address 7 Heather Ct

City
PittsburghState
PAZip Code
15239-5306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Humana, Inc.Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2019

Transaction ID : 2019121011215-86

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gallagher, Shawn, David, ,

Mailing Address 7 Heather Ct

City
PittsburghState
PAZip Code
15239-5306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Humana, Inc.Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Transaction ID : 20191231112175-90

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Galloway, Deborah, M, ,

Mailing Address 16215 Chastain Rd

City
OdessaState
FLZip Code
33556-3310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Humana, Inc.Occupation (for Individual)
VP, Medicare Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

703.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

Transaction ID : 201912181214-939

Amount of Each Receipt this Period

27.22

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

57.22

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