

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A. Oberman, Debra, Ann, ,**

Mailing Address 4212 Alden Dr

City  
EdinaState  
MNZip Code  
55416-5010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Strategy &amp; State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

Transaction ID : 2019061412536-1036

Amount of Each Receipt this Period

55.77

☐ Memo Item

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

**B. Oberman, Debra, Ann, ,**

Mailing Address 4212 Alden Dr

City  
EdinaState  
MNZip Code  
55416-5010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Strategy &amp; State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2019

Transaction ID : 2019070812296-1031

Amount of Each Receipt this Period

55.77

☐ Memo Item

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

**C. Okurounmu, Toyosi, O., ,**

Mailing Address 1025 Ector Dr NW

City  
KennesawState  
GAZip Code  
30152-6205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2019

Transaction ID : 2019061412536-913

Amount of Each Receipt this Period

23.68

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.22

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