

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

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

FOR LINE NUMBER:
(check only one)

PAGE 198 OF 256

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

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

A. Shrank, William, , ,

Mailing Address 500 W Main St

City
Louisville

State
KY

Zip Code
40202-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Chief Medical and Corporate Affairs Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2020

Transaction ID : 2020050617416-1017

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Shrank, William, , ,

Mailing Address 500 W Main St

City
Louisville

State
KY

Zip Code
40202-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Chief Medical and Corporate Affairs Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 2020051813496-1008

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

C. Shrank, William, , ,

Mailing Address 500 W Main St

City
Louisville

State
KY

Zip Code
40202-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Chief Medical and Corporate Affairs Of

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2020

Transaction ID : 2020060211295-1006

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

576.90