

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Humana Inc. Political Action Committee

ADDRESS (number and street)

101 East Main Street

Check if different  
than previously  
reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00271007

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

08

01

2026

08

31

2026

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

Whiteside, Lisa, C., ,

Signature of Treasurer

Whiteside, Lisa, C., ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

09

16

2026

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Humana Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2026 To: M M / D D / Y Y Y Y Y 08 / 31 / 2026

|                                                                                                                  | COLUMN A<br>This Period                                               | COLUMN B<br>Calendar Year-to-Date                                      |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2026     |                                                                       | <span style="border: 1px solid black; padding: 2px;">674915.39</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <span style="border: 1px solid black; padding: 2px;">489482.08</span> |                                                                        |
| (c) Total Receipts (from Line 19) .....                                                                          | <span style="border: 1px solid black; padding: 2px;">50267.34</span>  | <span style="border: 1px solid black; padding: 2px;">478729.82</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <span style="border: 1px solid black; padding: 2px;">539749.42</span> | <span style="border: 1px solid black; padding: 2px;">1153645.21</span> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <span style="border: 1px solid black; padding: 2px;">9500.00</span>   | <span style="border: 1px solid black; padding: 2px;">623395.79</span>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <span style="border: 1px solid black; padding: 2px;">530249.42</span> | <span style="border: 1px solid black; padding: 2px;">530249.42</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                        |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Humana Inc. Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 3 | 1 |   | 2 | 0 | 2 | 6 |

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 44196.93                      | 347670.48                         |
| (ii) Unitemized .....                                                                                 | 6070.41                       | 102263.55                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 50267.34                      | 449934.03                         |
| (b) Political Party Committees .....                                                                  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 50267.34                      | 449934.03                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                          | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 6400.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.00                          | 22395.79                          |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                      | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 50267.34                      | 478729.82                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 50267.34                      | 478729.82                         |

# **DETAILED SUMMARY PAGE** of Disbursements

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Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 462000.00                         |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 9500.00                       | 161395.79                         |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 9500.00                       | 623395.79                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9500.00                       | 623395.79                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/<br>Operating Expenditures                                     | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 50267.34                      | 449934.03                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 50267.34                      | 449934.03                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 0.00                          | 0.00                              |

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

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

FOR LINE NUMBER: PAGE 6 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Adkins, Matthew, Ryan, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Clinic Operations & Strateg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2665.44

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-554**

Amount of Each Receipt this Period

148.08

☐ Memo Item

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

**B. Adkins, Matthew, Ryan, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Clinic Operations & Strateg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2665.44

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-578**

Amount of Each Receipt this Period

148.08

☐ Memo Item

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

**C. Advincula, Capella, G., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Physician Recruiter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

779.04

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-448**

Amount of Each Receipt this Period

43.28

☐ Memo Item

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

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

339.44

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

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

FOR LINE NUMBER: PAGE 7 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Advincula, Capella, G., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Physician Recruiter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.04

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-464**

Amount of Each Receipt this Period

43.28

☐ Memo Item

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

**B. Agee, Robert, Tyler, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Financial Planning & Analysis Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.82

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-296**

Amount of Each Receipt this Period

12.99

☐ Memo Item

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

**C. Agee, Robert, Tyler, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Financial Planning & Analysis Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

233.82

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-302**

Amount of Each Receipt this Period

12.99

☐ Memo Item

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

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

69.26

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

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

FOR LINE NUMBER: PAGE 8 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Aissami, Abderrahman, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.56

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-343**

Amount of Each Receipt this Period

17.92

☐ Memo Item

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

**B. Aissami, Abderrahman, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.56

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-348**

Amount of Each Receipt this Period

17.92

☐ Memo Item

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

**C. Alade, Ekunola, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Corporate Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-473**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

85.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Alade, Ekunola, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Corporate Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-478

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B.** Albunio, Hayley, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2817.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-559

Amount of Each Receipt this Period

156.54

☐ Memo Item

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

**C.** Albunio, Hayley, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2817.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-582

Amount of Each Receipt this Period

156.54

☐ Memo Item

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

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

363.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Alletto, Michelle, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-596

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Alletto, Michelle, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-607

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Aresu, Natalia, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2268.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-55

Amount of Each Receipt this Period

133.47

☐ Memo Item

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

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

518.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Aresu, Natalia, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2268.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-55

Amount of Each Receipt this Period

133.47

☐ Memo Item

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

**B.** Arradondo, Laura, A., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Enterprise Data Governance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-358

Amount of Each Receipt this Period

19.43

☐ Memo Item

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

**C.** Arradondo, Laura, A., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Enterprise Data Governance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

349.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-362

Amount of Each Receipt this Period

19.43

☐ Memo Item

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

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

172.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Bailey, Levi, James Ilyas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Data Platform &amp; Integra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-525

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B.** Bailey, Levi, James Ilyas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Data Platform &amp; Integra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-555

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C.** Bailey, Simon, Andrew, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Digital Experiences

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-365

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 227  
(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. Bailey, Simon, Andrew, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-368

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Baker, Matthew, Gordon, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-480

Amount of Each Receipt this Period

52.92

☐ Memo Item

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

**C. Baker, Matthew, Gordon, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

952.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-500

Amount of Each Receipt this Period

52.92

☐ Memo Item

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

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

125.84

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

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

FOR LINE NUMBER: PAGE 14 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Baker, Timothy, Alan, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Assistant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.58

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-482**

Amount of Each Receipt this Period

54.81

☐ Memo Item

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

**B. Baker, Timothy, Alan, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Assistant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.58

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-502**

Amount of Each Receipt this Period

54.81

☐ Memo Item

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

**C. Balkir, Nevzat, Hurkan, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Enterprise Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-442**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

149.62

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A. Balkir, Nevzat, Hurkan, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-457

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Banet, Erin, Fegan, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Audit and Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-472

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Banet, Erin, Fegan, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Audit and Risk Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-477

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 16 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Barger, John, E, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Medicare Advantage President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-588**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Barger, John, E, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Medicare Advantage President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

**08 / 28 / 2026**

**Transaction ID : 2026082814393-601**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Barrille, Christina, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.95

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-504**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

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

461.53

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

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

FOR LINE NUMBER: PAGE 17 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Barrille, Christina, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.95

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-523**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

**B. Basha, Rania, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Associate General Counsel, Litigat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-563**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Basha, Rania, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Associate General Counsel, Litigat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-613**

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)..... ►

461.53

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Bauman, Timothy, P., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Solutions Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-409

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Bauman, Timothy, P., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Solutions Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-417

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Bawa, Dilpreet, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Business Intelligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-386

Amount of Each Receipt this Period

21.05

☐ Memo Item

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

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

71.05

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

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

FOR LINE NUMBER: PAGE 19 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Bawa, Dilpreet, S., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Business Intelligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.90

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-399**

Amount of Each Receipt this Period

21.05

☐ Memo Item

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

**B. Beaver, Angela, D., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Project Management Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.62

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-300**

Amount of Each Receipt this Period

13.59

☐ Memo Item

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

**C. Beaver, Angela, D., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Project Management Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

244.62

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-306**

Amount of Each Receipt this Period

13.59

☐ Memo Item

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

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

48.23

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

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

FOR LINE NUMBER: PAGE 20 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Benjamin, Tiffany, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-516**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. Benjamin, Tiffany, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-537**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**C. Berger, Eric, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Strategy and Corporate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

08 / 07 / 2026

**Transaction ID : 2026080715333-59**

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)..... ►

372.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Berger, Eric, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Strategy and Corporate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-59

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Bernstein, Lisette, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Chief Customer Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1471.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-513

Amount of Each Receipt this Period

81.74

☐ Memo Item

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

**C. Bernstein, Lisette, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Chief Customer Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1471.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-534

Amount of Each Receipt this Period

81.74

☐ Memo Item

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

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

355.78

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

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

FOR LINE NUMBER: PAGE 22 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Berry, Christina, J, ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Network Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-324

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Berry, Christina, J, ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Network Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-325

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Biedenharn, Todd, , ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Professional Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-372

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Biedenharn, Todd, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Professional Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-376

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B.** Bingham, Gregory, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Policy Governance Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-302

Amount of Each Receipt this Period

13.70

☐ Memo Item

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

**C.** Bingham, Gregory, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Policy Governance Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-308

Amount of Each Receipt this Period

13.70

☐ Memo Item

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

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

47.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 227  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Black, Kristi, Renee, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Clinical Pharmacist Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-339**

Amount of Each Receipt this Period

17.45

☐ Memo Item

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

**B. Black, Kristi, Renee, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Clinical Pharmacist Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-344**

Amount of Each Receipt this Period

17.45

☐ Memo Item

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

**C. Bohannon, Eric, L, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Medicaid Divisional Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-589**

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)..... ►

227.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Bohannon, Eric, L, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Medicaid Divisional Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-600

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Brady, Anne, Lorraine, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-427

Amount of Each Receipt this Period

29.03

☐ Memo Item

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

**C.** Brady, Anne, Lorraine, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

522.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-441

Amount of Each Receipt this Period

29.03

☐ Memo Item

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

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

250.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Brewer, Dennis, Scott, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Scrum Master

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-291

Amount of Each Receipt this Period

12.31

☐ Memo Item

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

**B.** Brewer, Dennis, Scott, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Scrum Master

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-296

Amount of Each Receipt this Period

12.31

☐ Memo Item

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

**C.** Brill, Ashley, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Quality & Cost Strategy Data Analy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-367

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

44.62

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Brill, Ashley, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Quality & Cost Strategy Data Analy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-367

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B.** Britt, Philip, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-394

Amount of Each Receipt this Period

23.59

☐ Memo Item

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

**C.** Britt, Philip, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

424.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-407

Amount of Each Receipt this Period

23.59

☐ Memo Item

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

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

67.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Brown, Cara, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Execution/Advancement Princ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-412

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Brown, Cara, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Execution/Advancement Princ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-420

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C.** Brown, Celeste, Mellet, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-566

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

242.30

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 227

(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.** Brown, Celeste, Mellet, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-592

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Brown, Jack, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Business Intelligence Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-290

Amount of Each Receipt this Period

12.23

☐ Memo Item

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

**C.** Brown, Jack, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Business Intelligence Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-295

Amount of Each Receipt this Period

12.23

☐ Memo Item

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

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

216.76

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Buchberger, Michael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Actuary, Analytics/Forecasting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-331

Amount of Each Receipt this Period

15.68

☐ Memo Item

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

B. Buchberger, Michael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Actuary, Analytics/Forecasting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-336

Amount of Each Receipt this Period

15.68

☐ Memo Item

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

C. Buckingham, Renee, J, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Segment President, Primary Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3946.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-601

Amount of Each Receipt this Period

219.24

☐ Memo Item

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

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

250.60

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

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

FOR LINE NUMBER: PAGE 31 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Buckingham, Renee, J, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Segment President, Primary Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3946.32

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-629**

Amount of Each Receipt this Period

219.24

☐ Memo Item

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

**B. Bunner, Erica, Nicole, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Financial Analytics Professiona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.88

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-388**

Amount of Each Receipt this Period

21.16

☐ Memo Item

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

**C. Bunner, Erica, Nicole, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Financial Analytics Professiona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.88

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-400**

Amount of Each Receipt this Period

21.16

☐ Memo Item

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

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

261.56

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

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

FOR LINE NUMBER: PAGE 32 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Burger-Kugle, Susan, E, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 07 / 2026

**Transaction ID : 2026080715333-42**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Burger-Kugle, Susan, E, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 21 / 2026

**Transaction ID : 2026082114423-42**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Cabrera, Jose, Luis, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Regional Sales - Partner Cha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-304**

Amount of Each Receipt this Period

13.80

☐ Memo Item

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

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

43.80

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

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

FOR LINE NUMBER: PAGE 33 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Cabrera, Jose, Luis, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Regional Sales - Partner Cha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-310**

Amount of Each Receipt this Period

13.80

☐ Memo Item

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

**B. Calderon, Alejandro, J., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, MarketPoint Sales - US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.32

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-307**

Amount of Each Receipt this Period

14.24

☐ Memo Item

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

**C. Calderon, Alejandro, J., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, MarketPoint Sales - US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.32

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-312**

Amount of Each Receipt this Period

14.24

☐ Memo Item

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

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

42.28

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

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

FOR LINE NUMBER: PAGE 34 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Cameron, Joy, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1674.72

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-517**

Amount of Each Receipt this Period

93.04

☐ Memo Item

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

**B. Cameron, Joy, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1674.72

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-538**

Amount of Each Receipt this Period

93.04

☐ Memo Item

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

**C. Caple, Melissa, N., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicare Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-572**

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)..... ►

378.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Carle Hooe, Caroline, Sheffield, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-455**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Carle Hooe, Caroline, Sheffield, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-485**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Casten, Patrick, Christopher, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1702.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-519**

Amount of Each Receipt this Period

94.57

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

194.57

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Casten, Patrick, Christopher, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1702.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-540

Amount of Each Receipt this Period

94.57

☐ Memo Item

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

**B.** Castle, Kembala, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-435

Amount of Each Receipt this Period

33.08

☐ Memo Item

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

**C.** Castle, Kembala, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

595.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-449

Amount of Each Receipt this Period

33.08

☐ Memo Item

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

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

160.73

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

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

FOR LINE NUMBER: PAGE 37 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Chapman, Richard, P., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, IT Business Perfor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.82

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-311**

Amount of Each Receipt this Period

14.49

☐ Memo Item

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

**B. Chapman, Richard, P., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, IT Business Perfor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.82

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-316**

Amount of Each Receipt this Period

14.49

☐ Memo Item

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

**C. Chappellear, Christopher, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Insurance Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-577**

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)..... ►

221.28

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Chappelear, Christopher, William, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Insurance Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-587

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Chernick, Johnathan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Trend Analytics & Forecasting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-484

Amount of Each Receipt this Period

59.62

☐ Memo Item

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

**C. Chernick, Johnathan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Trend Analytics & Forecasting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1073.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-504

Amount of Each Receipt this Period

59.62

☐ Memo Item

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

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

311.54

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

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

FOR LINE NUMBER: PAGE 39 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Childers, Nellie, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Claims Research & Resc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.80

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-447**

Amount of Each Receipt this Period

41.60

☐ Memo Item

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

**B. Childers, Nellie, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Claims Research & Resc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.80

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-462**

Amount of Each Receipt this Period

41.60

☐ Memo Item

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

**C. Chung, Shane, Oliver, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Market Development Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.60

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-416**

Amount of Each Receipt this Period

25.70

☐ Memo Item

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

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

108.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 227  
(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. Chung, Shane, Oliver, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market Development Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.60

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-430**

Amount of Each Receipt this Period

25.70

☐ Memo Item

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

**B. Clausell, Elizabeth, M, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Retail Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-380**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Clausell, Elizabeth, M, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Retail Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-374**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.70

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

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

FOR LINE NUMBER: PAGE 41 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Coats, Caraline, Lindsey, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Provider Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3523.10

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-600**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Coats, Caraline, Lindsey, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Provider Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3523.10

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-628**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Cole, Andrew, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medical Management Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-370**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

420.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 227

(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. Cole, Andrew, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Medical Management Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-385

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Colvin, Sarah, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Consumer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-421

Amount of Each Receipt this Period

26.43

☐ Memo Item

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

C. Colvin, Sarah, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Consumer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

473.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-435

Amount of Each Receipt this Period

26.43

☐ Memo Item

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

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

72.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Combs, Brandon, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Actuarial Pricing & Analytics - In

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-541

Amount of Each Receipt this Period

119.62

☐ Memo Item

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

**B.** Combs, Brandon, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Actuarial Pricing & Analytics - In

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-565

Amount of Each Receipt this Period

119.62

☐ Memo Item

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

**C.** Constantine, Samantha, B., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1342.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-495

Amount of Each Receipt this Period

74.58

☐ Memo Item

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

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

313.82

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Constantine, Samantha, B., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-515

Amount of Each Receipt this Period

74.58

☐ Memo Item

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

**B.** Cook, Henry, N., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

2100.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-538

Amount of Each Receipt this Period

116.69

☐ Memo Item

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

**C.** Cook, Henry, N., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

2100.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-562

Amount of Each Receipt this Period

116.69

☐ Memo Item

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

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

307.96

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Corrao, Steven, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Fraud and Waste

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-291

Amount of Each Receipt this Period

11.59

☐ Memo Item

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

**B.** Crespo, Silvia, I, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Program Delivery Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-317

Amount of Each Receipt this Period

14.82

☐ Memo Item

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

**C.** Crespo, Silvia, I, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Program Delivery Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

261.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-322

Amount of Each Receipt this Period

14.82

☐ Memo Item

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

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

41.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Crowdis, Cory, Steven, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-353

Amount of Each Receipt this Period

18.81

☐ Memo Item

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

**B.** Crowdis, Cory, Steven, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-358

Amount of Each Receipt this Period

18.81

☐ Memo Item

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

**C.** Crowe, Susan, R., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-454

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

87.62

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

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

FOR LINE NUMBER: PAGE 47 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Crowe, Susan, R., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-481**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Culp, William, Stilwell, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, HGB Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.02

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-424**

Amount of Each Receipt this Period

27.89

☐ Memo Item

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

**C. Culp, William, Stilwell, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, HGB Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

502.02

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-438**

Amount of Each Receipt this Period

27.89

☐ Memo Item

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

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

105.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Cunningham-Allbert, Wayne, Keith, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

467.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-420

Amount of Each Receipt this Period

25.97

☐ Memo Item

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

**B.** Cunningham-Allbert, Wayne, Keith, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

467.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-434

Amount of Each Receipt this Period

25.97

☐ Memo Item

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

**C.** Czerska, Barbara, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-471

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

101.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Czerska, Barbara, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC 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 ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-475

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B.** Czin, Ashley, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-466

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C.** Czin, Ashley, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-470

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 227  
(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. Dennis, Syeachia, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Regional VP, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-507**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. Dennis, Syeachia, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Regional VP, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-530**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C. Derech, William, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, HGB Actuary and Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-371**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 227  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Derech, William, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, HGB Actuary and Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-386

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B.** Destefano, Ashley, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Consumer Engagement Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-395

Amount of Each Receipt this Period

23.78

☐ Memo Item

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

**C.** Destefano, Ashley, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Consumer Engagement Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-408

Amount of Each Receipt this Period

23.78

☐ Memo Item

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

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

67.56

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 227  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Dillingham, Jason, Patrick, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Value-Based Programs Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-299**

Amount of Each Receipt this Period

13.51

☐ Memo Item

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

**B. Dillingham, Jason, Patrick, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Value-Based Programs Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-305**

Amount of Each Receipt this Period

13.51

☐ Memo Item

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

**C. Dintenfass, David, Eric, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
President, Enterprise Growth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-575**

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)..... ►

219.32

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

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

FOR LINE NUMBER: PAGE 53 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Dintenfass, David, Eric, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
President, Enterprise Growth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-585**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Doeh, Eric, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-550**

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**C. Doeh, Eric, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-571**

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

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

462.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Doll, Theodore, A, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-354

Amount of Each Receipt this Period

18.87

☐ Memo Item

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

**B.** Doll, Theodore, A, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-359

Amount of Each Receipt this Period

18.87

☐ Memo Item

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

**C.** Donahue, Jillian, Ray, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Value-Based Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1099.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-491

Amount of Each Receipt this Period

65.39

☐ Memo Item

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

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

103.13

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 227

(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.** Donahue, Jillian, Ray, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Value-Based Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-511

Amount of Each Receipt this Period

65.39

☐ Memo Item

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

**B.** Duffy, Conor, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-526

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C.** Duffy, Conor, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-557

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

265.39

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

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

FOR LINE NUMBER: PAGE 56 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Duke, Jeb, Stuart, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Medicaid Divisional Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-532**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Duke, Jeb, Stuart, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Medicaid Divisional Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-546**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Dunne, Lori, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-524**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Dunne, Lori, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-554

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B.** Edwards, Douglas, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Humana Military, President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-366

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C.** Edwards, Douglas, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Humana Military, President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-383

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 58 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Eisenberg, Jennifer, Thurman, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-430**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Eisenberg, Jennifer, Thurman, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-444**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. English, Daniel, Joseph, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Lead Technology Leadership Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

479.34

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-422**

Amount of Each Receipt this Period

26.63

☐ Memo Item

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

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

86.63

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** English, Daniel, Joseph, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Technology Leadership Profession

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-436

Amount of Each Receipt this Period

26.63

☐ Memo Item

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

**B.** Espinal, Michelle, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Federal Affairs Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-449

Amount of Each Receipt this Period

43.38

☐ Memo Item

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

**C.** Espinal, Michelle, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Federal Affairs Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

780.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-465

Amount of Each Receipt this Period

43.38

☐ Memo Item

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

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

113.39

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

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

FOR LINE NUMBER: PAGE 60 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Esquivel, Ana, Luisa, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Program Delivery Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.84

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-292**

Amount of Each Receipt this Period

12.35

☐ Memo Item

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

**B. Esquivel, Ana, Luisa, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Program Delivery Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.84

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-297**

Amount of Each Receipt this Period

12.35

☐ Memo Item

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

**C. Esterly, Lauren, Rose, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Clinical Strategies and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1142.46

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-488**

Amount of Each Receipt this Period

63.47

☐ Memo Item

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

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

88.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Esterly, Lauren, Rose, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Strategies and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-508

Amount of Each Receipt this Period

63.47

☐ Memo Item

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

**B.** Etchison, Gregory, Philip, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Medicare Supplement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-478

Amount of Each Receipt this Period

51.36

☐ Memo Item

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

**C.** Etchison, Gregory, Philip, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Medicare Supplement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

924.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-498

Amount of Each Receipt this Period

51.36

☐ Memo Item

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

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

166.19

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Eurton, Emily, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Connectivity Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-289

Amount of Each Receipt this Period

12.06

☐ Memo Item

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

**B.** Eurton, Emily, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Connectivity Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-294

Amount of Each Receipt this Period

12.06

☐ Memo Item

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

**C.** Evans, Mitchell, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2111.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-539

Amount of Each Receipt this Period

117.31

☐ Memo Item

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

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

141.43

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 227  
(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. Evans, Mitchell, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2111.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-563

Amount of Each Receipt this Period

117.31

☐ Memo Item

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

**B. Fairbanks, Joseph, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-464

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Fairbanks, Joseph, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-491

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

217.31

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

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

FOR LINE NUMBER: PAGE 64 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Farley, Jamie, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Technology Solutions Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.83

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-294**

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

**B. Farley, Jamie, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Technology Solutions Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.83

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-298**

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

**C. Farrer, Hailee, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Pharmacy Clinical Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

307.80

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-337**

Amount of Each Receipt this Period

17.10

☐ Memo Item

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

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

42.10

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

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

FOR LINE NUMBER: PAGE 65 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Farrer, Hailee, M, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Pharmacy Clinical Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.80

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-342**

Amount of Each Receipt this Period

17.10

☐ Memo Item

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

**B. Fazelpoor, Michael, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Financial Planning & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-584**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Fazelpoor, Michael, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Financial Planning & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-597**

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)..... ►

401.70

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

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

FOR LINE NUMBER: PAGE 66 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Felter, John Paul, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Accounting Officer and Coni

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-582**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Felter, John Paul, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Accounting Officer and Coni

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-593**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Ferrell, Jason, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Experience Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-502**

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

461.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Ferrell, Jason, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Enterprise Experience Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-521

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

**B.** Fielding, Angela, Beasley, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-340

Amount of Each Receipt this Period

17.77

☐ Memo Item

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

**C.** Fielding, Angela, Beasley, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

319.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-345

Amount of Each Receipt this Period

17.77

☐ Memo Item

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

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

112.46

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

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

FOR LINE NUMBER: PAGE 68 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Frerman, Anthony, H, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Technology Solutions Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.78

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-352**

Amount of Each Receipt this Period

18.71

☐ Memo Item

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

**B. Frerman, Anthony, H, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Technology Solutions Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.78

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-357**

Amount of Each Receipt this Period

18.71

☐ Memo Item

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

**C. Fronckiewicz, Michele, S, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market President, Primary Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-405**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

62.42

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

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

FOR LINE NUMBER: PAGE 69 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Fronckiewicz, Michele, S, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market President, Primary Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-413**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Fudala, Michelle, Renee, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.56

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-332**

Amount of Each Receipt this Period

15.92

☐ Memo Item

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

**C. Fudala, Michelle, Renee, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

286.56

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-337**

Amount of Each Receipt this Period

15.92

☐ Memo Item

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

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

56.84

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

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

FOR LINE NUMBER: PAGE 70 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gallifant, Caleb, , ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Vice President and CWHH Chief Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-496

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Gallifant, Caleb, , ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Vice President and CWHH Chief Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-518

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Garcia, Ana, B, ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Sales Agent & Member Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-468

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 71 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

A. Garcia, Ana, B., ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Sales Agent & Member Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-472

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gargotto, Jason, A., ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Network Adequacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-345

Amount of Each Receipt this Period

18.27

☐ Memo Item

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

C. Gargotto, Jason, A., ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Network Adequacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

309.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-351

Amount of Each Receipt this Period

18.27

☐ Memo Item

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

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

86.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Garman, Monique, Lurae, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-335

Amount of Each Receipt this Period

16.84

☐ Memo Item

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

**B.** Garman, Monique, Lurae, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-340

Amount of Each Receipt this Period

16.84

☐ Memo Item

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

**C.** Garmon, Sherry, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Insights and Brand Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

510.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-425

Amount of Each Receipt this Period

28.37

☐ Memo Item

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

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

62.05

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Garmon, Sherry, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Insights and Brand Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-439

Amount of Each Receipt this Period

28.37

☐ Memo Item

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

**B.** Garrison, Travis, H., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-53

Amount of Each Receipt this Period

50.10

☐ Memo Item

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

**C.** Garrison, Travis, H., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

820.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-53

Amount of Each Receipt this Period

50.10

☐ Memo Item

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

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

128.57

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

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

FOR LINE NUMBER: PAGE 74 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gaston, Christopher, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-326**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Gaston, Christopher, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-328**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Gay, Tiffany, Lord, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Enrollment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-321**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 75 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gay, Tiffany, Lord, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Enrollment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-326**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Gomez, Jacqueline, Ledesma, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Product Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.23

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-356**

Amount of Each Receipt this Period

19.19

☐ Memo Item

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

**C. Gorghis, Lavonne, Renee, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Provider Contracting Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

358.20

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-359**

Amount of Each Receipt this Period

19.90

☐ Memo Item

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

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

54.09

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

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

FOR LINE NUMBER: PAGE 76 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gorghis, Lavonne, Renee, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Provider Contracting Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-363

Amount of Each Receipt this Period

19.90

☐ Memo Item

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

**B. Gosselin, Stephanie, Kay, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Contract Tools, Education, Processes L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-305

Amount of Each Receipt this Period

13.82

☐ Memo Item

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

**C. Gosselin, Stephanie, Kay, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Contract Tools, Education, Processes L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

248.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-311

Amount of Each Receipt this Period

13.82

☐ Memo Item

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

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

47.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Granston, Traci, S., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Trend & Clinical Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-594

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Granston, Traci, S., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Trend & Clinical Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-606

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Graves, Michelle, A., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-319

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

399.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Graves, Michelle, A, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-327

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B.** Greenfield Latour, Cheri, K, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Clinical Performance & Spe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-57

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Greenfield Latour, Cheri, K, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Clinical Performance & Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-56

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)..... ►

399.60

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

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

FOR LINE NUMBER: PAGE 79 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Grice Smith, Patricia, J, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Program Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1592.42

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-518**

Amount of Each Receipt this Period

94.24

☐ Memo Item

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

**B. Grice Smith, Patricia, J, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Program Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1592.42

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-539**

Amount of Each Receipt this Period

94.24

☐ Memo Item

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

**C. Gupta, Jatin, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Technology Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

445.68

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-397**

Amount of Each Receipt this Period

24.76

☐ Memo Item

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

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

213.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Gupta, Jatin, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Technology Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-410

Amount of Each Receipt this Period

24.76

☐ Memo Item

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

**B.** Hammond, Michael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-461

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C.** Hammond, Michael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-489

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

124.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 227

(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.** Hansen, Christina, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-400

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Hansen, Christina, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-424

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C.** Hanzalik, Johnathon, R, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-536

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Hanzalik, Johnathon, R, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-551**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Haralson, Katherine, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Stars Improvement Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-334**

Amount of Each Receipt this Period

16.83

☐ Memo Item

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

**C. Haralson, Katherine, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Stars Improvement Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-339**

Amount of Each Receipt this Period

16.83

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

133.66

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

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

FOR LINE NUMBER: PAGE 83 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Hardy, Patty, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market Development Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.54

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-417**

Amount of Each Receipt this Period

25.84

☐ Memo Item

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

**B. Hardy, Patty, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market Development Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.54

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-431**

Amount of Each Receipt this Period

25.84

☐ Memo Item

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

**C. Hart, Michelle, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

519.30

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-426**

Amount of Each Receipt this Period

28.85

☐ Memo Item

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

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

80.53

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Hart, Michelle, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-440**

Amount of Each Receipt this Period

28.85

☐ Memo Item

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

**B. Hartjes, Michael, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Actuarial Analytics/Fore

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026**Transaction ID : 2026080715333-56**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Hartjes, Michael, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Actuarial Analytics/Fore

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026**Transaction ID : 2026082114423-58**

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)..... ►

413.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Harvel, Andrea, Kay, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Grievances & Appeals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026**Transaction ID : 2026080715333-46**

Amount of Each Receipt this Period

20.10

☐ Memo Item

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

**B. Harvel, Andrea, Kay, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Grievances & Appeals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026**Transaction ID : 2026082114423-46**

Amount of Each Receipt this Period

20.10

☐ Memo Item

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

**C. Hatch, Paul, Kay, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-429**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Hatch, Paul, Kay, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-443

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B.** Haverly, Tiffany, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-574

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Haverly, Tiffany, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-619

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)..... ►

414.60

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

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

FOR LINE NUMBER: PAGE 87 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Hawkins, Sylvia, Theresa, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Consumer Service Operation:

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

**Transaction ID : 202608141503-349**

Amount of Each Receipt this Period

18.48

☐ Memo Item

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

**B. Hawkins, Sylvia, Theresa, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Consumer Service Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

**Transaction ID : 2026082814393-354**

Amount of Each Receipt this Period

18.48

☐ Memo Item

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

**C. Hay, Steven, R, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Value-Based Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

**Transaction ID : 202608141503-411**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

61.96

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

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

FOR LINE NUMBER: PAGE 88 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Hay, Steven, R, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Value-Based Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-419**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Heizer, David, Newton, , Jr.**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Manager, MarketPoint Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-432**

Amount of Each Receipt this Period

30.80

☐ Memo Item

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

**C. Heizer, David, Newton, , Jr.**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Manager, MarketPoint Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

554.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-446**

Amount of Each Receipt this Period

30.80

☐ Memo Item

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

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

86.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Hennessy, James, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Key Accounts &amp; Alternative Distrib

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-463

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B.** Hennessy, James, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Key Accounts &amp; Alternative Distrib

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-488

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C.** Hernandez, Alvaro, A, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Regional VP, Employer Group Distributi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-413

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Hernandez, Alvaro, A, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-421

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Heyborne, Ryan, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Market Consultation/Par

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-509

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C.** Heyborne, Ryan, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Market Consultation/Part

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-531

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

185.00

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

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

FOR LINE NUMBER: PAGE 91 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Hines, Linda, Turner, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-548**

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**B. Hines, Linda, Turner, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-575**

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**C. Hoak, Michael, Shane, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-562**

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)..... ►

462.30

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

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

FOR LINE NUMBER: PAGE 92 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Hoak, Michael, Shane, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-612**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Horsley, Emily, Marie, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.58

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-490**

Amount of Each Receipt this Period

65.31

☐ Memo Item

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

**C. Horsley, Emily, Marie, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1175.58

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-510**

Amount of Each Receipt this Period

65.31

☐ Memo Item

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

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

322.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Horsley, James, Kevin, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-318**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Horsley, James, Kevin, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-332**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Houff, Cassie, L, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-521**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 227

(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.** Houff, Cassie, L., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-552

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B.** House, Julie, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Installation Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-347

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

**C.** House, Julie, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Installation Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

332.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-352

Amount of Each Receipt this Period

18.46

☐ Memo Item

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

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

136.92

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

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

FOR LINE NUMBER: PAGE 95 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Howard, Justin, Tyler, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

2303.94

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-553**

Amount of Each Receipt this Period

140.39

☐ Memo Item

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

**B. Howard, Justin, Tyler, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

2303.94

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-577**

Amount of Each Receipt this Period

140.39

☐ Memo Item

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

**C. Howell, Mallory, Mann, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Risk Adjustment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-414**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

305.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Howell, Mallory, Mann, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Risk Adjustment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-422

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Hudspeth, Brett, Aaron, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Core Admin & Claims and Segmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2180.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-542

Amount of Each Receipt this Period

121.16

☐ Memo Item

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

**C.** Hudspeth, Brett, Aaron, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Core Admin & Claims and Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2180.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-566

Amount of Each Receipt this Period

121.16

☐ Memo Item

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

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

267.32

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

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

FOR LINE NUMBER: PAGE 97 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Ilecki, Jennifer, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-564**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Ilecki, Jennifer, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-590**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Jackson, Stephen, Gregory, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

334.08

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-350**

Amount of Each Receipt this Period

18.56

☐ Memo Item

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

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

403.16

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

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

FOR LINE NUMBER: PAGE 98 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Jackson, Stephen, Gregory, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.08

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-355**

Amount of Each Receipt this Period

18.56

☐ Memo Item

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

**B. Jacobs, Melissa, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.16

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-438**

Amount of Each Receipt this Period

34.62

☐ Memo Item

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

**C. Jacobs, Melissa, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

623.16

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-452**

Amount of Each Receipt this Period

34.62

☐ Memo Item

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

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

87.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Jans, Brian, J, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP, Specialty Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-419

Amount of Each Receipt this Period

25.95

☐ Memo Item

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

**B.** Jans, Brian, J, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP, Specialty Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-433

Amount of Each Receipt this Period

25.95

☐ Memo Item

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

**C.** Javier, Javier, H., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Broker Relationship Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

311.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-338

Amount of Each Receipt this Period

17.31

☐ Memo Item

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

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

69.21

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

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

FOR LINE NUMBER: PAGE 100 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Javier, Javier, H., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Broker Relationship Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.58

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-343**

Amount of Each Receipt this Period

17.31

☐ Memo Item

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

**B. Jenkins, Alexandra, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Strategy Advancement Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-377**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Jenkins, Alexandra, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Strategy Advancement Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-369**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

57.31

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Judd, Patrick, Nicholas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-523

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B.** Judd, Patrick, Nicholas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-556

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C.** Justiniano, Luis, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-511

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

280.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 227  
(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. Justiniano, Luis, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-526**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. Kapur, Gautam, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-458**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Kapur, Gautam, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-486**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Keenan, John, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, MSO & Value Based Programs, Pri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-436

Amount of Each Receipt this Period

33.66

☐ Memo Item

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

**B. Keenan, John, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, MSO & Value Based Programs, Pri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-450

Amount of Each Receipt this Period

33.66

☐ Memo Item

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

**C. Keeter Marra, Carlene, Marie, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Compliance Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-41

Amount of Each Receipt this Period

12.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

79.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 227  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Kendall, Cody, Layne, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Market Operations Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-514**

Amount of Each Receipt this Period

82.50

☐ Memo Item

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

**B. Kendall, Cody, Layne, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Market Operations Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-535**

Amount of Each Receipt this Period

82.50

☐ Memo Item

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

**C. Khosla, Anmol, Jay, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Government Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-569**

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)..... ►

357.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Khosla, Anmol, Jay, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Government Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-617

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Kieckhefer, Paul, William, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-399

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C.** Kieckhefer, Paul, William, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-423

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

242.30

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

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

FOR LINE NUMBER: PAGE 106 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Kiffer, Mark, E., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

2048.22

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-537**

Amount of Each Receipt this Period

113.79

☐ Memo Item

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

**B. Kiffer, Mark, E., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

2048.22

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-561**

Amount of Each Receipt this Period

113.79

☐ Memo Item

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

**C. Kim, Okyung, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Financial Planning & Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-374**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

247.58

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Kim, Okyung, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Financial Planning & Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-365

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B.** Kist, Brian, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Actuarial (General)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-50

Amount of Each Receipt this Period

28.22

☐ Memo Item

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

**C.** Kist, Brian, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Actuarial (General)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

479.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-50

Amount of Each Receipt this Period

28.22

☐ Memo Item

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

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

76.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Klein, Jessica, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Total Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-585

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Klein, Jessica, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Total Rewards

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-598

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Klopatek, Craig, Karl, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CIO, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-60

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

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

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

FOR LINE NUMBER: PAGE 109 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Klopatek, Craig, Karl, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, CIO, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 21 / 2026

**Transaction ID : 2026082114423-60**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Knagaram, Upendra, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-323**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Knagaram, Upendra, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-324**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

222.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Koutz, Pamela, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-333

Amount of Each Receipt this Period

16.35

☐ Memo Item

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

**B.** Koutz, Pamela, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-338

Amount of Each Receipt this Period

16.35

☐ Memo Item

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

**C.** Kramer Longton, Helene, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Strategy Advancement Professio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

342.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-355

Amount of Each Receipt this Period

19.03

☐ Memo Item

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

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

51.73

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Kramer Longton, Helene, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Strategy Advancement Professic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-360

Amount of Each Receipt this Period

19.03

☐ Memo Item

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

**B.** Kraus, Alicia, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Data Quality/Integrity Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

678.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-440

Amount of Each Receipt this Period

37.70

☐ Memo Item

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

**C.** Kraus, Alicia, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Data Quality/Integrity Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

678.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-454

Amount of Each Receipt this Period

37.70

☐ Memo Item

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

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

94.43

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

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

FOR LINE NUMBER: PAGE 112 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Kurtz, Erin, Jo, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Clinical Business Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-402**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Kurtz, Erin, Jo, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Clinical Business Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-426**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Lancaster, Robert, N., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Division Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-327**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Lancaster, Robert, N., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Division Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-329**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Lane, Kaitlyn, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026**Transaction ID : 2026080715333-54**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Lane, Kaitlyn, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026**Transaction ID : 2026082114423-54**

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Laskin, Brian, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Performance & Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-459

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B.** Laskin, Brian, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Performance & Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-487

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C.** Leffler, Alice, Ann, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

588.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-434

Amount of Each Receipt this Period

32.70

☐ Memo Item

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

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

132.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 227

(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.** Leffler, Alice, Ann, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-448

Amount of Each Receipt this Period

32.70

☐ Memo Item

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

**B.** Lindsay-Jones, Richard, Michael, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CFO, CenterWell

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-373

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C.** Lindsay-Jones, Richard, Michael, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CFO, CenterWell

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-387

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

72.70

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

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

FOR LINE NUMBER: PAGE 116 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Littig, John, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-587**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Littig, John, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-599**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Lyles, Ronald, L, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Actuarial HealthCare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-505**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

464.60

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

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

FOR LINE NUMBER: PAGE 117 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Lyles, Ronald, L, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Actuarial HealthCare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-529**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. Lynch, Calder, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-579**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Lynch, Calder, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-589**

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)..... ►

464.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Lysinger, Sean, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CenterWell Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-558

Amount of Each Receipt this Period

153.85

☐ Memo Item

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

**B.** Lysinger, Sean, M, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CenterWell Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-622

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Madubuike, Obinna, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Data and Reporting Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

321.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-342

Amount of Each Receipt this Period

17.85

☐ Memo Item

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

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

364.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Madubuike, Obinna, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Data and Reporting Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-347

Amount of Each Receipt this Period

17.85

☐ Memo Item

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

**B. Maloney, Rachel, Marie, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Configuration Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-292

Amount of Each Receipt this Period

11.70

☐ Memo Item

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

**C. Mancini, Kathie, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-43

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

49.55

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

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

FOR LINE NUMBER: PAGE 120 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

A. Mancini, Kathie, , ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-45

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Manning, Kyle, C., ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Innovation Design Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-301

Amount of Each Receipt this Period

13.61

☐ Memo Item

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

C. Manning, Kyle, C., ,

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Innovation Design Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

244.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-307

Amount of Each Receipt this Period

13.61

☐ Memo Item

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

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

47.22

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

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

FOR LINE NUMBER: PAGE 121 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Mark, James, David, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, CFO, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-568**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Mark, James, David, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, CFO, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-616**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Marshall, Sandra, K, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Diversity Equity and Inclusi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-460**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

434.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 227  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Marshall, Sandra, K, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Diversity Equity and Inclusi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-476

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Martin, Aaron, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
President, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-58

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Martin, Aaron, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
President, Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-57

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)..... ►

434.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Martinez, Alina, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior HR Solutions Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-450**

Amount of Each Receipt this Period

43.75

☐ Memo Item

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

**B. Martinez, Alina, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior HR Solutions Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-463**

Amount of Each Receipt this Period

43.15

☐ Memo Item

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

**C. Maxwell, Marisa, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026**Transaction ID : 2026080715333-48**

Amount of Each Receipt this Period

24.75

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

111.65

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Maxwell, Marisa, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-48

Amount of Each Receipt this Period

24.75

☐ Memo Item

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

**B.** McCallum, Layton, K, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Technology Solutio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-328

Amount of Each Receipt this Period

15.16

☐ Memo Item

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

**C.** McCallum, Layton, K, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Technology Solutio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

272.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-333

Amount of Each Receipt this Period

15.16

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. McGettigan, David, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, IT Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-556**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. McGettigan, David, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, IT Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-579**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. McGrath, Christopher, B., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Compliance Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

335.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-351**

Amount of Each Receipt this Period

18.64

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

318.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. McGrath, Christopher, B, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Senior Compliance Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-356**

Amount of Each Receipt this Period

18.64

☐ Memo Item

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

**B. McKeon, Casey, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Home Solutions President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-561**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. McKeon, Casey, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Home Solutions President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-611**

Amount of Each Receipt this Period

192.30

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

403.24

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

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

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

FOR LINE NUMBER: PAGE 127 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. McMahon, Dianna, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market VP, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.42

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-446**

Amount of Each Receipt this Period

41.19

☐ Memo Item

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

**B. McMahon, Dianna, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market VP, Provider Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.42

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-461**

Amount of Each Receipt this Period

41.19

☐ Memo Item

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

**C. McWane, Amanda, A., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Account Reconciliation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-385**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

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

103.38

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

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

FOR LINE NUMBER: PAGE 128 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. McWane, Amanda, A., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Account Reconciliation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-398**

Amount of Each Receipt this Period

21.00

☐ Memo Item

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

**B. Medley, Michael, A., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Insurance Product Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.86

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-346**

Amount of Each Receipt this Period

18.27

☐ Memo Item

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

**C. Medley, Michael, A., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Insurance Product Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

328.86

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-350**

Amount of Each Receipt this Period

18.27

☐ Memo Item

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

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

57.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Mehta, Japan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-581**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Mehta, Japan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-594**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Meriwether, Kevin, R, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Divisional President, Primary Car

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026**Transaction ID : 2026080715333-61**

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

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

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

FOR LINE NUMBER: PAGE 130 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Meriwether, Kevin, R, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Divisional President, Primary Car

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 21 / 2026

**Transaction ID : 2026082114423-61**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Merrell, Megan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Utilization Management Beha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.10

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-444**

Amount of Each Receipt this Period

40.45

☐ Memo Item

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

**C. Merrell, Megan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Utilization Management Beha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

728.10

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-459**

Amount of Each Receipt this Period

40.45

☐ Memo Item

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

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

273.20

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

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

FOR LINE NUMBER: PAGE 131 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Miller, Jason, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Retail Operations Risk Managemer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.46

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-487**

Amount of Each Receipt this Period

63.47

☐ Memo Item

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

**B. Miller, Jason, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Retail Operations Risk Managemer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1142.46

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-507**

Amount of Each Receipt this Period

63.47

☐ Memo Item

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

**C. Milligan, Jason, T, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Market VP, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-344**

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

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

144.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Milligan, Jason, T, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-349

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

**B. Mobley, Deborah, Lynn, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Business Intelligence Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-298

Amount of Each Receipt this Period

13.51

☐ Memo Item

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

**C. Mobley, Deborah, Lynn, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Business Intelligence Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

243.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-304

Amount of Each Receipt this Period

13.51

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Moore, James, K., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-567

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B.** Moore, James, K., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-615

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C.** Morrell, Joshua, Albert, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2603.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-557

Amount of Each Receipt this Period

152.31

☐ Memo Item

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

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

536.91

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Morrell, Joshua, Albert, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2603.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-581**

Amount of Each Receipt this Period

152.31

☐ Memo Item

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

**B. Morris, Christopher, W, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Plan Build

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-396**

Amount of Each Receipt this Period

24.62

☐ Memo Item

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

**C. Morris, Christopher, W, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Plan Build

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-409**

Amount of Each Receipt this Period

24.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.55

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

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

FOR LINE NUMBER: PAGE 135 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Morse, Jonathan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

1384.56

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-500**

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

**B. Morse, Jonathan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

1384.56

Date of Receipt

**08 / 28 / 2026**

**Transaction ID : 2026082814393-522**

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

**C. Mouser, Robert, B., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-533**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

253.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Mouser, Robert, B., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-548

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Moyer, Sarah, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Stars Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-376

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Moyer, Sarah, S., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Stars Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-370

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 227  
(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. Murphy, Kelley, Meghan, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Brand &amp; Corporate Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-486**

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

**B. Murphy, Kelley, Meghan, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Brand &amp; Corporate Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-505**

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

**C. Naik, Kuntesh, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Program Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-293**

Amount of Each Receipt this Period

12.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

137.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A. Naik, Kuntesh, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Program Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-299

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

**B. Nall, Anthony, Curtis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Acquisition Integration Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-314

Amount of Each Receipt this Period

14.62

☐ Memo Item

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

**C. Nall, Anthony, Curtis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Acquisition Integration Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

263.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-319

Amount of Each Receipt this Period

14.62

☐ Memo Item

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

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

41.74

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Nolan, Laura, K., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Group Sales Representative - Public Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-309

Amount of Each Receipt this Period

14.33

☐ Memo Item

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

**B.** Nolan, Laura, K., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Group Sales Representative - Public Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-314

Amount of Each Receipt this Period

14.33

☐ Memo Item

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

**C.** Nolan, Tracy, Elizabeth, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, MarketPoint Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-586

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

220.96

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Nolan, Tracy, Elizabeth, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, MarketPoint Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-596**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Norberg, James, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, ISO Insurance & Product Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-527**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Norberg, James, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, ISO Insurance & Product Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-558**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

392.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Nordstrom, Timothy, Charles, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-515

Amount of Each Receipt this Period

88.00

☐ Memo Item

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

**B.** Nordstrom, Timothy, Charles, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-536

Amount of Each Receipt this Period

88.00

☐ Memo Item

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

**C.** O'Hara, Michelle, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-580

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)..... ►

368.30

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

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

FOR LINE NUMBER: PAGE 142 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. O'Hara, Michelle, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-588**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Odea, Rachel, Z, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Technology Leadership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.74

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-391**

Amount of Each Receipt this Period

21.43

☐ Memo Item

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

**C. Odea, Rachel, Z, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Technology Leadership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.74

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-404**

Amount of Each Receipt this Period

21.43

☐ Memo Item

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

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

235.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Ohri, Ravi, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CFO, IT Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-547

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**B.** Ohri, Ravi, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CFO, IT Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-576

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**C.** Okam, Chidubem, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-316

Amount of Each Receipt this Period

14.76

☐ Memo Item

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

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

284.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Okam, Chidubem, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-320

Amount of Each Receipt this Period

14.76

☐ Memo Item

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

**B.** Olds, Samantha, Ann, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-465

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C.** Olds, Samantha, Ann, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-492

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

114.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Olivas, John, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-549

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**B.** Olivas, John, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-572

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

**C.** Pabo, Erika, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief MSO & Medical Business Le

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-512

Amount of Each Receipt this Period

80.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Pabo, Erika, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief MSO & Medical Business Le

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-527

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B.** Park, Kevin, C, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-510

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C.** Park, Kevin, C, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-525

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 147 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Pearce, Heather, Elizabeth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Clinical Pharmacist Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.63

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-308**

Amount of Each Receipt this Period

14.30

☐ Memo Item

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

**B. Pearce, Heather, Elizabeth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Clinical Pharmacist Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.63

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-313**

Amount of Each Receipt this Period

14.30

☐ Memo Item

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

**C. Petelle, Christopher, J., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Associate General Counsel, Privacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-407**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

53.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Petelle, Christopher, J., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Associate General Counsel, Privacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-414

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Peyton, Richard, Pinnick, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Population Health Strategy Prof

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-441

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**C.** Peyton, Richard, Pinnick, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Population Health Strategy Prof

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-455

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

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

101.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 227

(check only one)

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

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A.** Pile, John, T., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Process Improve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-330

Amount of Each Receipt this Period

15.39

☐ Memo Item

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

**B.** Pile, John, T., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Process Improve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-335

Amount of Each Receipt this Period

15.39

☐ Memo Item

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

**C.** Pinson, Christopher, Scott, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Data Management & Contract I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

865.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-453

Amount of Each Receipt this Period

48.08

☐ Memo Item

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

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

78.86

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

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

FOR LINE NUMBER: PAGE 150 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Pinson, Christopher, Scott, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Provider Data Management & Contract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

**Transaction ID : 2026082814393-468**

Amount of Each Receipt this Period

48.08

☐ Memo Item

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

**B. Polk, Daniel, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

**Transaction ID : 202608141503-431**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Polk, Daniel, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

**Transaction ID : 2026082814393-445**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

108.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

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

**A. Postell, Aleata, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Pharmacy Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-530

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Postell, Aleata, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Pharmacy Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-544

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Potter, Leslie, Ann, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Technology Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-456

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 152 OF 227

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

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

**A. Potter, Leslie, Ann, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Technology Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-483**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Potts, Joseph, F, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.08

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-313**

Amount of Each Receipt this Period

14.56

☐ Memo Item

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

**C. Potts, Joseph, F, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.08

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-318**

Amount of Each Receipt this Period

14.56

☐ Memo Item

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

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

79.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 227  
(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. Preston, William, M, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-528**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Preston, William, M, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-547**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Probst, Nicholas, John, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

670.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-439**

Amount of Each Receipt this Period

37.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

237.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Probst, Nicholas, John, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-453

Amount of Each Receipt this Period

37.24

☐ Memo Item

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

**B.** Proulx, Jeromy, Thomas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-423

Amount of Each Receipt this Period

27.05

☐ Memo Item

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

**C.** Proulx, Jeromy, Thomas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

486.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-437

Amount of Each Receipt this Period

27.05

☐ Memo Item

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

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

91.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 155 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Pryor, Orlando, E., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-403

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B.** Pryor, Orlando, E., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-425

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C.** Puckett, Joshua, Kevin, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

459.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-415

Amount of Each Receipt this Period

25.54

☐ Memo Item

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

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

75.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Puckett, Joshua, Kevin, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-429

Amount of Each Receipt this Period

25.54

☐ Memo Item

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

**B.** Puckett, Justin, Y, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-389

Amount of Each Receipt this Period

21.29

☐ Memo Item

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

**C.** Puckett, Justin, Y, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Provider Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

383.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-402

Amount of Each Receipt this Period

21.29

☐ Memo Item

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

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

68.12

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

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

FOR LINE NUMBER: PAGE 157 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Puff, Christian, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-378**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Puff, Christian, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-371**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Purtell, James, Kenneth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Pharmaceutical Manufacturer Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.16

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-303**

Amount of Each Receipt this Period

13.78

☐ Memo Item

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

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

53.78

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

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

FOR LINE NUMBER: PAGE 158 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Purtell, James, Kenneth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Pharmaceutical Manufacturer Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.16

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-309**

Amount of Each Receipt this Period

13.78

☐ Memo Item

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

**B. Quillian, Natalie, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Transformation Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3465.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-598**

Amount of Each Receipt this Period

192.50

☐ Memo Item

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

**C. Quillian, Natalie, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Chief Transformation Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3465.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-625**

Amount of Each Receipt this Period

192.50

☐ Memo Item

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

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

398.78

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

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

FOR LINE NUMBER: PAGE 159 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Raley, Michael, Charles, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior IT Portfolio Management Profes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.20

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-398**

Amount of Each Receipt this Period

24.92

☐ Memo Item

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

**B. Raley, Michael, Charles, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior IT Portfolio Management Profes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.20

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-469**

Amount of Each Receipt this Period

49.83

☐ Memo Item

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

**C. Raque, Bradley, T., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Financial Planning & Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770.94

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-451**

Amount of Each Receipt this Period

44.24

☐ Memo Item

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

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

118.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Raque, Bradley, T., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Financial Planning & Ana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-466

Amount of Each Receipt this Period

44.24

☐ Memo Item

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

**B. Rausch, Kimberly, D, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-534

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Rausch, Kimberly, D, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-549

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

244.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rehtin, James, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-573**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rehtin, James, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-620**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reed, Trende, Kyser, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Quality Measures

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-506**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

464.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Reed, Trende, Kyser, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Quality Measures

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-528**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reese, Kelli, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Quality and Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.46

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-348**

Amount of Each Receipt this Period

18.47

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reese, Kelli, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Quality and Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

332.46

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-353**

Amount of Each Receipt this Period

18.47

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

116.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Regenhold, Kevin, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Provider Network & Market Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-469**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Regenhold, Kevin, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Provider Network & Market Operati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-473**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Megan, C., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Consumer Products and Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-571**

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)..... ►

292.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 227

(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. Reid, Megan, C., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Consumer Products and Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-602

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Renaudin, George, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategic Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-591

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Renaudin, George, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategic Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-604

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Renn, Kathleen, E, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CenterWell Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-457

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Renn, Kathleen, E, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CenterWell Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-484

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Renteria, Anthony, C, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
HR Business Partner Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

261.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-312

Amount of Each Receipt this Period

14.53

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

114.53

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Renteria, Anthony, C, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
HR Business Partner Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-317

Amount of Each Receipt this Period

14.53

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Revenig, Louis, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-519

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rios, Juan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Consumer Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-322

Amount of Each Receipt this Period

15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.53

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Rios, Juan, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Consumer Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-323

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Rizzuto, Sadie, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-592

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Rizzuto, Sadie, B, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Clinical Enablement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-605

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)..... ►

399.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Robinson, Daniel, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Enterprise AI Strategy & Governanc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-364**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Daniel, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Enterprise AI Strategy & Governanc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-379**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosario, Melissa, Ann, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-357**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

59.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Rosario, Melissa, Ann, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-361**

Amount of Each Receipt this Period

19.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosen, Jonathan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Clinical Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.93

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-479**

Amount of Each Receipt this Period

52.89

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosen, Jonathan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Clinical Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

924.93

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-499**

Amount of Each Receipt this Period

52.89

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roth, Frederick, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicare Supplement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2326.32

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-545**

Amount of Each Receipt this Period

129.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roth, Frederick, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Medicare Supplement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2326.32

Date of Receipt

**08 / 28 / 2026**

**Transaction ID : 2026082814393-569**

Amount of Each Receipt this Period

129.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roth, London, Saunders, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1682.78

Date of Receipt

**08 / 14 / 2026**

**Transaction ID : 202608141503-520**

Amount of Each Receipt this Period

96.16

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

354.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 227

(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. Roth, London, Saunders, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1682.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-542**

Amount of Each Receipt this Period

96.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruiz, Steven, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Regional President CarePlus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-531**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruiz, Steven, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Regional President CarePlus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-545**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

296.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Russell, Talley, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-445

Amount of Each Receipt this Period

40.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Russell, Talley, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-460

Amount of Each Receipt this Period

40.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Santiago, Eric, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Technology Solution Impl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-51

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

131.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Santiago, Eric, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Technology Solution Imp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026**Transaction ID : 2026082114423-51**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schaul, Claire, Brenna Mulbrandon, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Insurance Marketing & Enterprise M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-437**

Amount of Each Receipt this Period

33.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schaul, Claire, Brenna Mulbrandon, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Insurance Marketing & Enterprise M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

597.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-451**

Amount of Each Receipt this Period

33.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Schwegler, Brian, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Customer Insights & Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-546**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schwegler, Brian, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Customer Insights & Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-570**

Amount of Each Receipt this Period

134.62

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sebree, Julie, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Enterprise Transformation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-551**

Amount of Each Receipt this Period

135.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

404.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Sebree, Julie, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Enterprise Transformation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-573**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seiglie, Lori, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-320**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seiglie, Lori, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Care Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-330**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 227

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaffer, Margaret, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-493

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaffer, Margaret, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-513

Amount of Each Receipt this Period

69.24

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaw, Angela, Marie, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Foundational Capabilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-475

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

188.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Shaw, Angela, Marie, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Foundational Capabilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-479

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sherman, Barry, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-369

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sherman, Barry, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-382

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shetty, Sanjay, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
President, CenterWell

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-570**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shetty, Sanjay, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
President, CenterWell

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-618**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shishko, Nathaniel, William, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Associate Benefits, Well-being and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-583**

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Shishko, Nathaniel, William, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Associate Benefits, Well-being and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-595

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Simony, Ana, Maria, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Business Intellige

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-410

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Simony, Ana, Maria, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Business Intellige

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-418

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

242.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 227  
(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. Sloan, Mohammed, Dennis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Application Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-363**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sloan, Mohammed, Dennis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead Application Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-380**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Small, Frederick, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Capital Strategy and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-443**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Small, Frederick, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Capital Strategy and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-456**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Aron, Tod, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Product Manageme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-297**

Amount of Each Receipt this Period

13.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Aron, Tod, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate Director, Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-303**

Amount of Each Receipt this Period

13.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

66.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Smith, Kevin, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Corporate Communicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-462**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Kevin, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Corporate Communicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-490**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Shane, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Senior Technology Leadership Professio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.68

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-315**

Amount of Each Receipt this Period

14.76

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Smith, Shane, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Technology Leadership Professi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-321

Amount of Each Receipt this Period

14.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Smith, Tamara, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Health Advancement Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-404

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Smith, Tamara, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Health Advancement Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-412

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Smith, Timothy, R, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-474

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Timothy, R, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-480

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snell, Devon, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

367.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-384

Amount of Each Receipt this Period

20.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Snell, Devon, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-397

Amount of Each Receipt this Period

20.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Soderquist, Jill, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Consumer Channels

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-408

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Soderquist, Jill, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Consumer Channels

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-416

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 227

(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. Sollberger, Guillermo, Jose, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CenterWell Operations Enableme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-234**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sollberger, Guillermo, Jose, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CenterWell Operations Enableme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-282**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Solomon, Matthew, D., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Technology and Cybersecurity Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-529**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Solomon, Matthew, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Technology and Cybersecurity Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-543

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Sousa, Amy, Elizabeth, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Associate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-485

Amount of Each Receipt this Period

62.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Sousa, Amy, Elizabeth, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Associate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-506

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Spencer, Bradford, C, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2118.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-540

Amount of Each Receipt this Period

117.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Spencer, Bradford, C, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2118.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-564

Amount of Each Receipt this Period

117.70

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Stein, Bethanie, Lynn, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Pharmacy President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-597

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)..... ►

427.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Stein, Bethanie, Lynn, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Pharmacy President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-610

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Steinbrook, Brandon, L, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CFO, Markets and Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-428

Amount of Each Receipt this Period

29.81

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Steinbrook, Brandon, L, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, CFO, Markets and Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

536.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-442

Amount of Each Receipt this Period

29.81

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Stephens, Lisa, Thornell, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Quality & Cost Strategy President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-590**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stephens, Lisa, Thornell, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
SVP, Quality & Cost Strategy President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-603**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stice, Brent, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, National Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 07 / 2026

**Transaction ID : 2026080715333-52**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Stice, Brent, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, National Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-52

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stodola, James, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Medical Cost Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-576

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stodola, James, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Medical Cost Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-586

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)..... ►

434.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Stoner, Lisa, Marie, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-535**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stoner, Lisa, Marie, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-550**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stuart, Stephan, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

466.38

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-418**

Amount of Each Receipt this Period

25.91

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.91

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 227

(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. Stuart, Stephan, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-432

Amount of Each Receipt this Period

25.91

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stubblefield, Lynn, Curtis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Contracting Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-401

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stubblefield, Lynn, Curtis, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Contracting Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-415

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.91

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 194 OF 227  
(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.** Sublett, Donald, J., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Process Improvement Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-288

Amount of Each Receipt this Period

11.77

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Sublett, Donald, J., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Process Improvement Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-293

Amount of Each Receipt this Period

11.77

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Susott, Jane, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Associate General Counsel, Busin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-555

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 227

(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.** Susott, Jane, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Associate General Counsel, Busir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-580

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Tacker, Chase, Nicholas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-578

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Tacker, Chase, Nicholas, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-591

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)..... ►

534.60

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 227

(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. Thiagarajan, Senthil, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CIO, CenterWell & HGB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3465.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-599

Amount of Each Receipt this Period

192.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thiagarajan, Senthil, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CIO, CenterWell & HGB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3465.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 28    |   | 2026        |

Transaction ID : 2026082814393-626

Amount of Each Receipt this Period

192.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Jana, Leigh, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1330.74

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-494

Amount of Each Receipt this Period

73.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

458.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Thomas, Jana, Leigh, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Market VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-514

Amount of Each Receipt this Period

73.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Timm, Nathanael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-433

Amount of Each Receipt this Period

31.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Timm, Nathanael, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-447

Amount of Each Receipt this Period

31.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.93

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 227

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Tindall, John, Robert, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Stars

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-522

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tindall, John, Robert, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Stars

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-553

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tobin, Jill, M., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Group Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1384.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-503

Amount of Each Receipt this Period

76.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

276.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Tobin, Jill, M., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Group Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-524

Amount of Each Receipt this Period

76.93

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Tompkins, Joseph, T., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, MarketPoint Sales - US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-481

Amount of Each Receipt this Period

53.04

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Tompkins, Joseph, T., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, MarketPoint Sales - US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

954.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-501

Amount of Each Receipt this Period

53.04

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

183.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Treadaway, Michelle, B, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Consumer Service Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-406**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Treadaway, Michelle, B, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Associate VP, Consumer Service Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-411**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Truong, Jason, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Engineering Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-489**

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Truong, Jason, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Engineering Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-509**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tufto, Daniel, Andrew, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

822.24

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-452**

Amount of Each Receipt this Period

45.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tufto, Daniel, Andrew, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC 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 ▼

822.24

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-467**

Amount of Each Receipt this Period

45.68

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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. Turner, Sean, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Revenue Cycle Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-470

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Turner, Sean, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Revenue Cycle Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-474

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turner, Stephanie, Brooke, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Manager, Care Coaching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-49

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Turner, Stephanie, Brooke, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Manager, Care Coaching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 21 / 2026

**Transaction ID : 2026082114423-49**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Uhlir, Frank, Aaron, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.34

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-341**

Amount of Each Receipt this Period

17.79

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Uhlir, Frank, Aaron, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

317.34

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-346**

Amount of Each Receipt this Period

17.79

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.58

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Vallecorsa, Jessica, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Member Services and Segment Cl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-501**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vallecorsa, Jessica, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Member Services and Segment Cl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-520**

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Van Der Walt, Arno, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CISO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-593**

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)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 205 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Van Der Walt, Arno, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, CISO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-608

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Vance, Preston, S., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Advancement Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-310

Amount of Each Receipt this Period

14.43

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Vance, Preston, S., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Advancement Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

259.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-315

Amount of Each Receipt this Period

14.43

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

221.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vaughan, Christopher, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Strategy & State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.58

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-544**

Amount of Each Receipt this Period

127.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vaughan, Christopher, M., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Strategy & State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.58

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-568**

Amount of Each Receipt this Period

127.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vaughan, Jill, , ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, ISO CenterWell, Corporate, and M&

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-361**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

274.62

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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. Vaughan, Jill, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, ISO CenterWell, Corporate, and M&

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ventura, Joseph, Christopher, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-595

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ventura, Joseph, Christopher, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-609

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)..... ►

404.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Vinson, Julie, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-499

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Vinson, Julie, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Director, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-516

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Vollmer, Richard, A., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Primary Care Patient Acquisition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-543

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 227  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Vollmer, Richard, A., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Primary Care Patient Acquisition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-567

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Ware, Alexander, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Execution/Advancement Princ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-387

Amount of Each Receipt this Period

21.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Ware, Alexander, D., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Strategy Execution/Advancement Princ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

377.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-401

Amount of Each Receipt this Period

21.16

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

167.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 227  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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.** Warner, Mary Beth, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-492

Amount of Each Receipt this Period

66.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Warner, Mary Beth, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-512

Amount of Each Receipt this Period

66.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Weeden, Ronald, John, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Clinical Strategy, Quality and Me

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-565

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)..... ►

325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 227

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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.** Weeden, Ronald, John, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Clinical Strategy, Quality and Me

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-614

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Wehneman, Brian, Paul, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-392

Amount of Each Receipt this Period

22.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Wehneman, Brian, Paul, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

398.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-405

Amount of Each Receipt this Period

22.12

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

236.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Weidenborner, Stephanie, Lynn, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-483**

Amount of Each Receipt this Period

57.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weidenborner, Stephanie, Lynn, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Director, Strategy Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-503**

Amount of Each Receipt this Period

57.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wells, Lucellie, A., ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Policy Governance Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

229.80

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-295**

Amount of Each Receipt this Period

12.82

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.82

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wells, Lucellie, A., ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Policy Governance Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-301**

Amount of Each Receipt this Period

12.82

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whitaker, Carolyn, Hermione, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Inclusion and Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-467**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitaker, Carolyn, Hermione, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Chief Inclusion and Engagement C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-471**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

112.82

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. White, Jaimie, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Medicaid Strategy & Business De

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-560

Amount of Each Receipt this Period

161.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Jaimie, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Medicaid Strategy & Business De

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-583

Amount of Each Receipt this Period

161.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wiebe, Hendy, Sanders, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Cloud Service Management Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

383.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-390

Amount of Each Receipt this Period

21.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

343.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Wiebe, Hendy, Sanders, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
Cloud Service Management Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.40

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-403**

Amount of Each Receipt this Period

21.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilcox, Nicole, Elizabeth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Claims Payment Integrity Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 14 / 2026

**Transaction ID : 202608141503-552**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilcox, Nicole, Elizabeth, ,**

Mailing Address 101 East Main Street

City  
Louisville

State  
KY

Zip Code  
40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.

Occupation (for Individual)  
VP, Claims Payment Integrity Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 28 / 2026

**Transaction ID : 2026082814393-574**

Amount of Each Receipt this Period

135.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.30

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilkins, Dennis, J., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Data Management Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-325

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilkins, Dennis, J., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Data Management Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 28    |   | 2026        |

Transaction ID : 2026082814393-331

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Dietrick, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-508

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 217 OF 227  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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.** Williams, Dietrick, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
VP, Medicaid Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-532

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Williams, Necia, S, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Group Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2026

Transaction ID : 2026080715333-47

Amount of Each Receipt this Period

24.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Williams, Necia, S, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate Director, Group Medicare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

418.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2026

Transaction ID : 2026082114423-47

Amount of Each Receipt this Period

24.63

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

129.26

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Sandra, V., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead, Cloud Services Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.03

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-306

Amount of Each Receipt this Period

14.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Sandra, V., ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Lead, Cloud Services Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.03

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 28    |   | 2026        |

Transaction ID : 2026082814393-300

Amount of Each Receipt this Period

12.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wiseburn, Liza, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Engagement Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

306.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 14    |   | 2026        |

Transaction ID : 202608141503-336

Amount of Each Receipt this Period

17.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

43.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**Humana Inc. Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wiseburn, Liza, , ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Provider Engagement Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-341**

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wodraska, Kathleen, Ann, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Manager, MarketPoint Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026**Transaction ID : 202608141503-329**

Amount of Each Receipt this Period

15.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wodraska, Kathleen, Ann, ,**

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Senior Manager, MarketPoint Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026**Transaction ID : 2026082814393-334**

Amount of Each Receipt this Period

15.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Young, Brian, D, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Business Intelligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-393

Amount of Each Receipt this Period

23.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** Young, Brian, D, ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
Associate VP, Business Intelligence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2026

Transaction ID : 2026082814393-406

Amount of Each Receipt this Period

23.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Zepeda, April, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Enterprise Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2026

Transaction ID : 202608141503-498

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.70

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 227

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zepeda, April, , ,

Mailing Address 101 East Main Street

City  
LouisvilleState  
KYZip Code  
40202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana, Inc.Occupation (for Individual)  
SVP, Enterprise Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 28    |   | 2026        |

Transaction ID : 2026082814393-517

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

44196.93

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 222 OF 227

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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 (Last, First, Middle Initial)

**A. Abrams for Ohio**

Mailing Address 92 Fawn Dr

City  
HarrisonState  
OHZip Code  
45030

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 429091F4982

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Catherine Miranda for State Senate**

Mailing Address 5412 W. Ellis Dr.

City  
LaveenState  
AZZip Code  
85339

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 00E8D325D6C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect Eric Synenberg**

Mailing Address 2429 Brian Drive

City  
BeachwoodState  
OHZip Code  
44122

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : C7201E52D2

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 223 OF 227

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Deeter for Ohio**

Mailing Address 1711 Pioneer Pass

City  
NorwalkState  
OHZip Code  
44857

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 41630D616E1

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elect Julie Willoughby**

Mailing Address 2577 E Aloe Pl

City  
ChandlerState  
AZZip Code  
85286

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 79A348A2BD!

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Miller**

Mailing Address 433 Northpointe Blvd

City  
AmherstState  
OHZip Code  
44001

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 8F9421FDD2

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 224 OF 227

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Friends of Meredith Craig**

Mailing Address 425 East Main Street

City  
SmithvilleState  
OHZip Code  
44677

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 0BD8AACDB

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Michele Grim**

Mailing Address 2937 E. Lincolnshire Blvd

City  
ToledoState  
OHZip Code  
43606

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 8B2D0CC7E5

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jane Timken for Ohio**

Mailing Address 9856 Archer Lane

City  
DublinState  
OHZip Code  
43017

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 242B9F56F0

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1500.00

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 PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Montenegro for House**

Mailing Address 15680 W Campbell Ave

City  
GoodyearState  
AZZip Code  
85395

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : C365A68B84I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Priya for Arizona**

Mailing Address P.O. Box 30332

City  
TucsonState  
AZZip Code  
85751

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : 4EDA3877694

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Selina Bliss for State Representative - District 1**

Mailing Address 1560 Sportsfan Ct

City  
PrescottState  
AZZip Code  
86301

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : 8FE1EA50D8

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 226 OF 227

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Steuerwald for State Rep.**

Mailing Address PO Box 503

City  
DanvilleState  
INZip Code  
46122

Purpose of Disbursement

Voided 3/20/2026 Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 2 | 5 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 24F38988671

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas Shope for State Senator - District No. 16**

Mailing Address PO Box 1230

City  
CoolidgeState  
AZZip Code  
85128

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : ED3F54110C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vote Frank Carroll**

Mailing Address PO Box 5514

City  
Sun City WestState  
AZZip Code  
85376

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 6 |   |   |

FEC Identification Number

C

Transaction ID : 7D036310C71

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 227 OF 227

|                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Humana Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Werner For AZ**

Mailing Address 10869 N. Scottsdale Rd Ste. 103-32

City  
ScottsdaleState  
AZZip Code  
85254

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : F28DF50A76

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

9500.00