

FEC
FORM 3XREPORT 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 C002710073. 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 / D D / 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 / D D / Y Y Y Y in the State of

5. Covering Period

 01 01 2026

through

 01 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

 02 13 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
OnlyFEC 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
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y Y
2026**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2026	674915.39
(b) Cash on Hand at Beginning of Reporting Period.....	674915.39	
(c) Total Receipts (from Line 19)	76835.76	76835.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	751751.15	751751.15
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	751751.15	751751.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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 01 / D 01 / Y 2026

To:

M 01 / D 31 / Y 2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	29439.91	29439.91
(ii) Unitemized	47395.85	47395.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	76835.76	76835.76
(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)	76835.76	76835.76
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))	76835.76	76835.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76835.76	76835.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(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	0.00
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).....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76835.76	76835.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76835.76	76835.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (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 71

(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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-621

Amount of Each Receipt this Period

148.08

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Strategy, Integration & Transform

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

444.24

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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-618

Amount of Each Receipt this Period

148.08

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Strategy, Integration & Transform

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

444.24

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

C. Alburio, Hayley, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-623

Amount of Each Receipt this Period

156.54

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Employer Group Distribution

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

469.62

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

452.70

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 7 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Albunio, Hayley, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-620

Amount of Each Receipt this Period

156.54

Memo Item

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

469.62

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

B. Allen, Lloyd, Kirk, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-649

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Home Solutions President
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Allen, Lloyd, Kirk, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-639

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Home Solutions President
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

541.14

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 8 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Aresu, Natalia, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : 2026012314409-65

Amount of Each Receipt this Period

133.47

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

266.94

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

B. Arora, Anurag, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-457

Amount of Each Receipt this Period

25.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Observability and APIs

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

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

C. Bailey, Levi, James Ilyas, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-585

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Data Platform & Integra

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

258.47

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 9 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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
LouisvilleState
KYZip Code
40202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicaid President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y Y 2026
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Transaction ID : 20260116145810-629

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

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicaid President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y Y 2026
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Transaction ID : 20260130153110-656

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
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, Litigat

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y Y 2026
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Transaction ID : 20260116145810-640

Amount of Each Receipt this Period

192.30

 Memo Item

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

576.90

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 10 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Basha, Rania, M., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-630

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Associate General Counsel, Litigat

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-572

Amount of Each Receipt this Period

90.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Humana Foundation and Civic Eng

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

270.00

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

C. Bernstein, Lisette, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-567

Amount of Each Receipt this Period

81.74

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Chief Customer Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

245.22

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

364.04

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 11 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-631

Amount of Each Receipt this Period

192.30

 Memo Item

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

B. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-655

Amount of Each Receipt this Period

192.30

 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-656

Amount of Each Receipt this Period

192.30

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

576.90

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 12 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Brown, Celeste, Mellet, ,

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 Financial Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-646

Amount of Each Receipt this Period

192.30

 Memo Item

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

B. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

657.72

Date of Receipt

M M 01	/	D D 02	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 202601051049-673

Amount of Each Receipt this Period

219.24

 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 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

657.72

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-669

Amount of Each Receipt this Period

219.24

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

630.78

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 13 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

657.72

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-665

Amount of Each Receipt this Period

219.24

 Memo Item

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

B. Bussabarger, 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, Trend Analytics

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-627

Amount of Each Receipt this Period

192.30

 Memo Item

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

C. Bussabarger, 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, Trend Analytics

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-661

Amount of Each Receipt this Period

192.30

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

603.84

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 14 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Cameron, Joy, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C**

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-573

Amount of Each Receipt this Period

93.04

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

Associate VP, Public Policy

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

279.12

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

B. 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**

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-626

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Medicare Product Development

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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**

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-658

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Medicare Product Development

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

477.64

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 15 OF 71

(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. Casten, Patrick, Christopher,,

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)

Regional VP, Employer Group Distributi

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

283.71

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-574

Amount of Each Receipt this Period

94.57

Memo Item

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

B. Chapplelear, 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 ▼

576.90

Date of Receipt

M M 01 / D D 16 / Y Y Y Y 2026

Transaction ID : 20260116145810-652

Amount of Each Receipt this Period

192.30

Memo Item

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

C. Chapplelear, 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 ▼

576.90

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-642

Amount of Each Receipt this Period

192.30

Memo Item

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

479.17

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 16 OF 71

(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. 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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-625

Amount of Each Receipt this Period

184.62

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Clinical Strategy and Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

553.86

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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-622

Amount of Each Receipt this Period

184.62

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Clinical Strategy and Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

553.86

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

C. Combs, Brandon, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-607

Amount of Each Receipt this Period

119.62

Memo Item

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 ▼

358.86

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

488.86

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 17 OF 71

(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. Combs, Brandon, , ,

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 Pricing & Analytics - In

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

358.86

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-604

Amount of Each Receipt this Period

119.62

Memo Item

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

B. Constantine, Samantha, 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)

Senior Counsel

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

223.74

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-551

Amount of Each Receipt this Period

74.58

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 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 ▼

350.07

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-602

Amount of Each Receipt this Period

116.69

Memo Item

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

310.89

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

310.89

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 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Cook, Henry, N, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-599

Amount of Each Receipt this Period

116.69

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

350.07

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

B. 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

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-647

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

President, Enterprise Growth

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. 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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-629

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

President, Enterprise Growth

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

501.29

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 19 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Doeh, Eric, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-618

Amount of Each Receipt this Period

135.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-611

Amount of Each Receipt this Period

135.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

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

C. Driscoll, Kathleen, M, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-663

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Nursing Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

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

462.30

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 20 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Duffy, Conor, M.,

Mailing Address 101 East Main Street

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-584

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Retail Compliance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Duke, Jeb, Stuart, ,

Mailing Address 101 East Main Street

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-594

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Dunne, Lori, , ,

Mailing Address 101 East Main Street

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-581

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

300.00

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 21 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Ecleberry, Jay, C., ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-610

Amount of Each Receipt this Period

125.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Pharmacy Supply Chain Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

375.00

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

B. Ecleberry, Jay, C., ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-606

Amount of Each Receipt this Period

125.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Pharmacy Supply Chain Management

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

375.00

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

C. Ecleberry, Jennifer, C., ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-606

Amount of Each Receipt this Period

119.24

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Network

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

357.72

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

369.24

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 22 OF 71

(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. Ecleberry, Jennifer, C., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2026

Transaction ID : 20260130153110-602

Amount of Each Receipt this Period

119.24

Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, Medicaid Network

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

357.72

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

B. Evans, Mitchell, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2026

Transaction ID : 20260116145810-603

Amount of Each Receipt this Period

117.31

Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, Medicaid Strategy

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

351.93

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

C. Evans, Mitchell, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2026

Transaction ID : 20260130153110-600

Amount of Each Receipt this Period

117.31

Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, Medicaid Strategy

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

351.93

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

353.86

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 23 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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**

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-662

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Accounting Officer and Con

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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**

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-651

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Accounting Officer and Con

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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**

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-556

Amount of Each Receipt this Period

76.92

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Experience Design

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.76

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

461.52

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 24 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Field, Catherine, E, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-638

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicare Divisional Leader

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Field, Catherine, E, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-627

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicare Divisional Leader

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Gallifant, Caleb, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-553

Amount of Each Receipt this Period

75.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Vice President and CWHH Chief Operat

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

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

459.60

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 25 OF 71

(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. Gamez, Jesse, M.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-586

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicare Regional President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

B. Gaskill, Jeremy, L.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 23 2026

Transaction ID : 2026012314409-70

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicare Regional President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

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

C. Godsey, Rae, J.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-636

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medical Officer, Group Medicare Sa

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

484.60

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 26 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Godsey, Rae, J.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-624

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medical Officer, Group Medicare Sa

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Greenfield Latour, Cheri, K.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
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Transaction ID : 2026012314409-68

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Clinic Operations, Primary

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

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

C. 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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-566

Amount of Each Receipt this Period

80.77

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Director, Stars Improvement

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

242.31

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

465.37

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 27 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Hanzalik, Johnathon, R.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-576

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Risk Adjustment
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Hartjes, Michael, S., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 23	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 2026012314409-69

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) Associate VP, Actuarial Analytics/Fore
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

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

C. Haverly, Tiffany, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-591

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) Director, Federal Affairs
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

392.30

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 28 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Heyborne, Ryan, ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-561

Amount of Each Receipt this Period

80.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Market Consultation/Part

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

240.00

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

B. Hines, Linda, Turner, ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-616

Amount of Each Receipt this Period

135.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

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

C. Hines, Linda, Turner, ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-612

Amount of Each Receipt this Period

135.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

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

350.00

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 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Hoak, Michael, Shane, ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-641

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Public Policy

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

B. Hoak, Michael, Shane, ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-626

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Public Policy

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-579

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Strategy Advancement

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

484.60

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 30 OF 71

(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. 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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-600

Amount of Each Receipt this Period

103.21

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Regional VP, Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

309.63

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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-597

Amount of Each Receipt this Period

103.21

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Regional VP, Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

309.63

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

C. Hudspeth, Brett, Aaron, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-608

Amount of Each Receipt this Period

121.16

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Segment CIO, Medicare & Medicaid

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

363.48

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

327.58

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

327.58

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 71

(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. Hudspeth, Brett, Aaron,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-605

Amount of Each Receipt this Period

121.16

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Segment CIO, Medicare & Medicaid

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

363.48

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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-653

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Marketing Officer

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Ilecki, Jennifer, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-644

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Marketing Officer

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

505.76

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 32 OF 71

(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. Isham, Linda, , ,

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, Operations, Clinical Support

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-665

Amount of Each Receipt this Period

192.30

Memo Item

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

B. Isham, Linda, , ,

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, Operations, Clinical Support

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-636

Amount of Each Receipt this Period

192.30

Memo Item

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

C. Jones, Vincent, , ,

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, Digital Sales

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

288.48

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-575

Amount of Each Receipt this Period

96.16

Memo Item

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

480.76

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

480.76

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 71

(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 Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-582

Amount of Each Receipt this Period

100.00

Memo Item

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 ▼

300.00

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

B. Justiniano, Luis, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-565

Amount of Each Receipt this Period

80.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Resolution Team

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

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

C. Kendall, Cody, Layne, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-568

Amount of Each Receipt this Period

82.50

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Market Operations Enablement

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

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

262.50

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 34 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C**

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-644

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Government Affairs Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Khosla, Anmol, Jay, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C**

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-634

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Chief Government Affairs Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. 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**

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-601

Amount of Each Receipt this Period

113.79

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

341.37

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

498.39

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 35 OF 71

(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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-598

Amount of Each Receipt this Period

113.79

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Medical Director

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

341.37

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

B. Klein, Jessica, D., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-666

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Total Rewards

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Klein, Jessica, D., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-652

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Total Rewards

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

498.39

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 36 OF 71

(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

Date of Receipt

M M 01 / D D 23 / Y Y Y Y Y 2026

Transaction ID : 2026012314409-66

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, CIO, Insurance

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

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

B. Kurk, Steven, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y Y 2026

Transaction ID : 20260130153110-589

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Segment CIO, Clinical

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

C. Littig, John, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 16 / Y Y Y Y Y 2026

Transaction ID : 20260116145810-664

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Medicare Regional President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

484.60

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 37 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Littig, 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, Medicare Regional President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-654

Amount of Each Receipt this Period

192.30

 Memo Item

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

B. Lyles, Ronald, 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, Actuarial HealthCare Economics

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-560

Amount of Each Receipt this Period

80.00

 Memo Item

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

C. Lynch, Calder, , ,

Mailing Address 101 East Main 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 ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-654

Amount of Each Receipt this Period

192.30

 Memo Item

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

464.60

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 38 OF 71

(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. Lynch, Calder, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-643

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicaid Regional President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

B. Lysinger, Sean, M, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 16 / Y Y Y Y 2026

Transaction ID : 20260116145810-605

Amount of Each Receipt this Period

119.24

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, CFO, Pharmacy

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

357.72

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

C. Lysinger, Sean, M, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01 / D D 30 / Y Y Y Y 2026

Transaction ID : 20260130153110-603

Amount of Each Receipt this Period

119.24

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, CFO, Pharmacy

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

357.72

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

430.78

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

Memo Item

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 71

(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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-643

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, CFO, Insurance

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-635

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, CFO, Insurance

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Martin, Alan, E, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-559

Amount of Each Receipt this Period

80.00

Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Pharmacy Operations

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

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

464.60

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 40 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M 01	/	D D D 16	/	Y Y Y Y Y 2026
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Transaction ID : 20260116145810-658

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M 01	/	D D D 30	/	Y Y Y Y Y 2026
-------------	---	-------------	---	-------------------

Transaction ID : 20260130153110-649

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M 01	/	D D D 23	/	Y Y Y Y Y 2026
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Transaction ID : 2026012314409-67

Amount of Each Receipt this Period

192.30

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

576.90

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 41 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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, Steven, A.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-590

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, CFO, Government

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

B. Mollica, Anthony, Nicholas, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-580

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Moore, James, K., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-642

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc. SVP, Customer & Payment Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

392.30

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 42 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-632

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Customer & Payment Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Morrell, Joshua, Albert, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-620

Amount of Each Receipt this Period

138.47

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Regional President, Primary Care

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

415.41

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

C. Morrell, Joshua, Albert, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-617

Amount of Each Receipt this Period

138.47

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Regional President, Primary Care

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

415.41

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

469.24

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 43 OF 71

(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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-557

Amount of Each Receipt this Period

76.92

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Medicare Regional President

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

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

B. Nolan, Tracy, Elizabeth, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-660

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, MarketPoint Leader

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Nolan, Tracy, Elizabeth, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-653

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, MarketPoint Leader

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

461.52

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 44 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Norberg, 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)

VP, ISO Insurance & Product Security

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-587

Amount of Each Receipt this Period

100.00

 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 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-571

Amount of Each Receipt this Period

88.00

 Memo Item

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

C. Ohara, 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-651

Amount of Each Receipt this Period

192.30

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

380.30

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 45 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Ohara, 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M 01	/	D D D 30	/	Y Y Y Y Y 2026
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Transaction ID : 20260130153110-631

Amount of Each Receipt this Period

192.30

 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M 01	/	D D D 16	/	Y Y Y Y Y 2026
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Transaction ID : 20260116145810-615

Amount of Each Receipt this Period

135.00

 Memo Item

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

C. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M 01	/	D D D 30	/	Y Y Y Y Y 2026
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Transaction ID : 20260130153110-613

Amount of Each Receipt this Period

135.00

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

462.30

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 46 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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, Clinical Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2026

Transaction ID : 20260116145810-617

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, Clinical Operations

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2026

Transaction ID : 20260130153110-614

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2026

Transaction ID : 20260130153110-564

Amount of Each Receipt this Period

80.00

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

350.00

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 47 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2026

Transaction ID : 20260116145810-565

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2026

Transaction ID : 20260130153110-563

Amount of Each Receipt this Period

80.00

 Memo Item

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

C. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2026

Transaction ID : 20260130153110-593

Amount of Each Receipt this Period

100.00

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

260.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Preston, William, 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, Investments

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-595

Amount of Each Receipt this Period

100.00

 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-667

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-663

Amount of Each Receipt this Period

192.50

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

485.00

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 49 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Rausch, Kimberly, 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)

VP, Pharmacy Analytics

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-596

Amount of Each Receipt this Period

100.00

 Memo Item

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

B. Rechtin, 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-650

Amount of Each Receipt this Period

192.30

 Memo Item

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

C. Rechtin, 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-640

Amount of Each Receipt this Period

192.30

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

484.60

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 50 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Reid, Megan, C., ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-628

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicare Growth and Strategy

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Reid, Megan, C., ,

Mailing Address 101 East Main Street

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

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-659

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicare Growth and Strategy

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-630

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

President, Insurance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

576.90

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 51 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Renaudin, George, , ,

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, Insurance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-660

Amount of Each Receipt this Period

192.30

 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 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, Technology Solution Implementatio

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-633

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 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, Technology Solution Implementatio

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-662

Amount of Each Receipt this Period

192.30

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

576.90

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 52 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Roman, Oraida, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-569

Amount of Each Receipt this Period

86.16

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Provider Experience
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

258.48

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

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-612

Amount of Each Receipt this Period

129.24

 Memo Item

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

387.72

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

C. 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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-609

Amount of Each Receipt this Period

129.24

 Memo Item

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

387.72

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

344.64

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 53 OF 71

(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, London, Saunders, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-570

Amount of Each Receipt this Period

86.54

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) Director, Strategy Advancement
---	---

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

259.62

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

B. Ruiz, Steven, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-583

Amount of Each Receipt this Period

100.00

Memo Item

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

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

C. Schwegler, Brian, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-613

Amount of Each Receipt this Period

134.62

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) VP, Customer Insights & Analytics
---	--

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

403.86

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

321.16

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

321.16

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 71

(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. Schwegler, Brian, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-610

Amount of Each Receipt this Period

134.62

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Customer Insights & Analytics

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

403.86

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

B. Sebree, Julie, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-619

Amount of Each Receipt this Period

135.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Transformation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

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

C. Sebree, Julie, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-615

Amount of Each Receipt this Period

135.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Enterprise Transformation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

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

404.62

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 55 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-548

Amount of Each Receipt this Period

69.24

 Memo Item

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

B. Shetty, Sanjay, , ,

Mailing Address 101 East Main 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, CenterWell

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-645

Amount of Each Receipt this Period

192.30

 Memo Item

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

C. Shetty, Sanjay, , ,

Mailing Address 101 East Main 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, CenterWell

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-637

Amount of Each Receipt this Period

192.30

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

453.84

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 56 OF 71

(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. 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

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-661

Amount of Each Receipt this Period

192.30

Memo Item

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 ▼

576.90

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

B. 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

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-650

Amount of Each Receipt this Period

192.30

Memo Item

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 ▼

576.90

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

C. Smith, Kevin, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-588

Amount of Each Receipt this Period

100.00

Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Corporate Communicatio

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

484.60

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 57 OF 71

(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. Sollberger, Guillermo, Jose, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-646

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, CenterWell Pharmacy
---	---

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

B. Sollberger, Guillermo, Jose, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-638

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, CenterWell Pharmacy
---	---

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Solomon, Matthew, D., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-592

Amount of Each Receipt this Period

100.00

Memo Item

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 ▼

300.00

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

484.60

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 58 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-604

Amount of Each Receipt this Period

117.70

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) VP, Corporate Development
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

353.10

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

B. Spencer, Bradford, C, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-601

Amount of Each Receipt this Period

117.70

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) VP, Corporate Development
---	--

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

353.10

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

C. Stein, Bethanie, Lynn, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-635

Amount of Each Receipt this Period

192.30

 Memo Item

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

427.70

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 59 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Stein, Bethanie, 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. SVP, Pharmacy President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-625

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. SVP, Chief Operating Officer, Insurance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-632

Amount of Each Receipt this Period

192.30

 Memo Item

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

C. 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. SVP, Chief Operating Officer, Insurance

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-657

Amount of Each Receipt this Period

192.30

 Memo Item

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

576.90

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 60 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Stewart, Gilbert, 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, Medicare Divisional Leader

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-659

Amount of Each Receipt this Period

192.30

 Memo Item

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

B. Stewart, Gilbert, 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, Medicare Divisional Leader

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-648

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 ▼

576.90

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-648

Amount of Each Receipt this Period

192.30

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

576.90

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 61 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Stodola, James, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-641

Amount of Each Receipt this Period

192.30

 Memo Item

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

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-577

Amount of Each Receipt this Period

100.00

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) VP, Investor Relations
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

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

C. Sun, Ang, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y Y Y 2026
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Transaction ID : 20260116145810-637

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Enterprise AI
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

484.60

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 62 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Sun, Ang, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-628

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, Enterprise AI

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

B. Susott, Jane, M., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-622

Amount of Each Receipt this Period

150.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, Associate General Counsel, Insur

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

C. Susott, Jane, M., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-619

Amount of Each Receipt this Period

150.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, Associate General Counsel, Insur

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

450.00

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

492.30

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 63 OF 71

(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. Tacker, Chase, Nicholas, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-655

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Corporate Development
---	---

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

B. Tacker, Chase, Nicholas, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 30 2026

Transaction ID : 20260130153110-645

Amount of Each Receipt this Period

192.30

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Corporate Development
---	---

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. Thiagarajan, Senthil, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 16 2026

Transaction ID : 20260116145810-668

Amount of Each Receipt this Period

192.50

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, CIO, CenterWell & HGB
---	---

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

577.50

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

577.10

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 64 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

577.50

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-664

Amount of Each Receipt this Period

192.50

 Memo Item

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

B. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

221.79

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-550

Amount of Each Receipt this Period

73.93

 Memo Item

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

C. 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)

VP, Health Quality and Stars

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-578

Amount of Each Receipt this Period

100.00

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

366.43

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 65 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-558

Amount of Each Receipt this Period

76.93

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

SVP, Group Medicare

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.79

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

B. Vallecorsa, Jessica, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-555

Amount of Each Receipt this Period

76.92

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Segment CIO, Insurance Enrollment

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

230.76

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

C. 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

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-611

Amount of Each Receipt this Period

127.31

 Memo Item

Name of Employer (for Individual)

Humana, Inc. Occupation (for Individual)

VP, Strategy & State Affairs

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

381.93

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

281.16

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 66 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-608

Amount of Each Receipt this Period

127.31

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Strategy & State Affairs

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

381.93

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

B. Ventura, Joseph, Christopher, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-634

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Chief Legal Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Ventura, Joseph, Christopher, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-623

Amount of Each Receipt this Period

192.30

 Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Chief Legal Officer

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

511.91

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 67 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Vinson, 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)

Director, State Affairs

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-554

Amount of Each Receipt this Period

75.00

 Memo Item

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

B. Vollmer, Richard, 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)

SVP, Primary Care Patient Acquisition

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-609

Amount of Each Receipt this Period

125.00

 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 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, Primary Care Patient Acquisition

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-607

Amount of Each Receipt this Period

125.00

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

325.00

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 68 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Washabaugh, Sarah, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-549

Amount of Each Receipt this Period

70.00

<input type="checkbox"/> Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, IT Strategy and Transformation

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210.00

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

B. Weeden, Ronald, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260116145810-639

Amount of Each Receipt this Period

192.30

<input type="checkbox"/> Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicaid Divisional Leader

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

C. Weeden, Ronald, ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-633

Amount of Each Receipt this Period

192.30

<input type="checkbox"/> Memo Item

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

SVP, Medicaid Divisional Leader

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

576.90

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

454.60

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 69 OF 71

(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. Westreich, Ross, A.,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2026

Transaction ID : 20260116145810-657

Amount of Each Receipt this Period

192.30

Memo Item

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

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

B. Westreich, Ross, A., ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2026

Transaction ID : 20260130153110-647

Amount of Each Receipt this Period

192.30

Memo Item

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

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

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

C. White, Jaimie, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2026

Transaction ID : 20260116145810-624

Amount of Each Receipt this Period

161.16

Memo Item

Name of Employer (for Individual) Humana, Inc.	Occupation (for Individual) SVP, Medicaid Strategy & Business Dev
---	--

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

483.48

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

545.76

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 70 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

483.48

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-621

Amount of Each Receipt this Period

161.16

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

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

VP, Claims Payment Integrity Operatio

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M 01	/	D D 16	/	Y Y Y Y 2026
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Transaction ID : 20260116145810-614

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
LouisvilleState
KYZip Code
40202FEC 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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-616

Amount of Each Receipt this Period

135.00

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

431.16

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 71 OF 71

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Williams, Dietrick, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
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Transaction ID : 20260130153110-562

Amount of Each Receipt this Period

80.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. VP, Medicaid Regional President

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

240.00

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

B. Zepeda, April, , ,

Mailing Address 101 East Main Street

City Louisville	State KY	Zip Code 40202
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 30	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : 20260130153110-552

Amount of Each Receipt this Period

75.00

 Memo Item

Name of Employer (for Individual)

Humana, Inc. SVP, Enterprise Communications

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

225.00

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

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

155.00

 Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify)	

Aggregate Year-to-Date ▼

155.00
29439.91

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

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