

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

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

FOR LINE NUMBER: PAGE 584 OF 634

(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. Whaley, Carla, R., ,

Mailing Address 493 Jackson Rd

City
New Castle

State
KY

Zip Code
40050-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Group Medicare Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : 2019111911416-971

Amount of Each Receipt this Period

36.26

☐ Memo Item

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

B. Whaley, Carla, R., ,

Mailing Address 493 Jackson Rd

City
New Castle

State
KY

Zip Code
40050-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Group Medicare Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2019

Transaction ID : 2019120310495-968

Amount of Each Receipt this Period

36.26

☐ Memo Item

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

C. Wheatley, Michael, J., ,

Mailing Address 277 Cedar Point Ct

City
Mount Washington

State
KY

Zip Code
40047-7285

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Humana, Inc.

Occupation (for Individual)

Associate VP, Software Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 2019110417496-767

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

87.52

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