

Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
Humana Inc PO Box 14586 Lexington, KY 40512-4586	1. 2. Insurance 3. Lexington KY	01/07/2026	\$2,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.