REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEC

USE FEC MAILING LABEL

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Eli Lilly and Company Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
Lilly Corporate Center

CITY, STATE and ZIP CODE
Indianapolis, Indiana 46285

2. IDENTIFICATION NUMBER
C00 [illegible]

3. This committee qualified as a multicandidate committee DURING THE CALENDAR YEAR covered by this report. Single Requirement Before 1/1/94

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid Year Report (Non-election Year Only)
- ☐ Termination Report

Monthly Reports Only
- February 20
- March 20
- April 20
- May 20
- June 20
- July 20
- August 20
- September 20

☐ This report covers period [illegible] in the State of [illegible]

☐ This [illegible] report following the General Election in [illegible] in the State of [illegible]

☐ Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		Column A This Period	Column B Calendar Year
5.	Covering Period 11/26/96 through 12/31/96		
6.	(a) Cash on Hand January 1, 1996		$ 49
	(b) Cash on Hand at Beginning of Reporting Period	$ 6[illegible],9	
	(c) Total Receipts (from Line 19)	$ 4[illegible]1	$ 29[illegible]
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	$ 5[illegible]92	$ 30[illegible]
7.	Total Disbursements (from Line 30)	$ 9[illegible]2	$ 2[illegible]
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6d)	$ [illegible]	$ 4[illegible]
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information, contact: Federal Election Commission, 999 E Street, Washington, Toll Free [illegible], Local 202-[illegible]

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
J. W. Mi[illegible]

Signature of Treasurer

Date 12[illegible]

NOTICE: Submission of false, erroneous, or incomplete information may subject the person signing this report to Legal Penalties [illegible]