STATEMENT OF ORGANIZATION

(see reverse side for instructions) RECEIVED

FEDERAL ELECTION COMMISSION MAIL ROOM 9/7/95

1. (a) Name of Committee (in Full) ☐ Check if name or address is changed.

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

(b) Address (Number and Street)

LILLY CORPORATE CENTER

(c) City, State and ZIP Code

INDIANAPOLIS, IN 46285

3. FEC Identification Number

C00082791

4. Is this an amended Statement? ☒ YES ☐ NO

5. TYPE OF COMMITTEE (check one).

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund nor a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Eli Lilly and Company (See Attached)	Lilly Corporate Center Indianapolis, IN 46285	Sponsoring Corporation

If the registering political committee has identified a "connected organization" above, please indicate type of organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number – optional) and position, the person in possession of committee books and records.

Full Name	Mailing Address and ZIP Code	Title or Position

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address and ZIP Code	Title or Position

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

E. W. MILLER
Type or Print Name of Treasurer

SIGNATURE OF TREASURER

9/7/95
Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-523-4068

FEC FORM 1 (3/80)