

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 OF 249
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Dr Kristine A Courtney
Full Name (Last, First, Middle Initial)
Mailing Address Lilly Corporate Center
City Indianapolis State IN Zip Code 46285-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Eli Lilly and Company Occupation Sr Director-Corporate Health Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR373740328077
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Monthly)

B. Ms Elizabeth H Klimes
Full Name (Last, First, Middle Initial)
Mailing Address Lilly Corporate Center
City Indianapolis State IN Zip Code 46285-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Eli Lilly and Company Occupation Vice President-Six Sigma
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR373754128077
Amount of Each Receipt this Period 250.00
P/R Deduction (\$250.00 Monthly)

C. Mr Robert W Shew
Full Name (Last, First, Middle Initial)
Mailing Address 17366 E Via Del Oro
City Fountain Hills State AZ Zip Code 85268-8522
FEC ID number of contributing federal political committee. **C**
Name of Employer Eli Lilly and Company Occupation DistMgr-Neuro Tucson East Ofc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 357.36

Date of Receipt 06 / 30 / 2012
Transaction ID : PR373757928077
Amount of Each Receipt this Period 59.56
P/R Deduction (\$59.56 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 389.56
TOTAL This Period (last page this line number only)..... ▶