01/23/2003 13 : 35

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (Number and street) LILLY CORPORATE CENTER

(Check if address is changed)

INDIANAPOLIS IN 46285 –

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE M 01 D 23 Y 2003

3. **FEC IDENTIFICATION NUMBER** ▶ **C00082792**

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer MR JAMES DAVLIN

Signature of Treasurer Electronically Filed by MR JAMES DAVLIN Date M 01 D 15 Y 2003

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

| Office Use Only | | | | |
|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

**FEC FORM 1**
(Revised 1/2001)

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: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Eli Lilly and Company

Mailing Address Lilly Corporate Center

Indianapolis IN 46285

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Sponsoring Organization

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

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

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – – –

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 of Treasurer: MR JAMES DAVLIN

Mailing Address: LILLY CORPORATE CENTER

INDIANAPOLIS IN 46285 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASST. TREASURER

Telephone number 317 – 276 – 1202

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – – –

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.

Bank One

Mailing Address 111 Monument Circle

Indianapolis IN 46204 -

CITY △ STATE △ ZIP CODE △