

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. David A Ricks
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 VP and Pres-Lilly Bio-Medicines

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt **04 / 30 / 2014**

Transaction ID : PR2430399933414

Amount of Each Receipt this Period **416.00**

P/R Deduction (\$416.00 Monthly)

B. Michael Bernard O'Connor
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 Advisor-State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **334.72**

Date of Receipt **04 / 30 / 2014**

Transaction ID : PR2485319133414

Amount of Each Receipt this Period **83.68**

P/R Deduction (\$83.68 Monthly)

C. Gregory D Plowman
Full Name (Last, First, Middle Initial)

Mailing Address 1212 5th Ave Apt 9B

City New York State NY Zip Code 10029-5217

FEC ID number of contributing federal political committee. **C**

Name of Employer Eli Lilly and Company Occupation VP-Oncology Res & SVP-ImClone Sys Res

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.00**

Date of Receipt **04 / 30 / 2014**

Transaction ID : PR2543989833414

Amount of Each Receipt this Period **84.50**

P/R Deduction (\$84.50 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **584.18**

TOTAL This Period (last page this line number only).....