

**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 228 OF 345
	<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. Dr John C Lechleiter
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 Chairman of the Board/Pres/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3328.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR374440634891

Amount of Each Receipt this Period **416.00**

P/R Deduction (\$416.00 Monthly)

B. Ms Heather Emge Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 334 Locust Grove Drive

City Cordova State TN Zip Code 38018-4800

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

Name of Employer Eli Lilly and Company Occupation Dist Sales Mgr-Memphis TN BMBU PC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **205.76**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR374443134891

Amount of Each Receipt this Period **25.72**

P/R Deduction (\$25.72 Monthly)

C. Mrs Vicky Lynn Erwin
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 Director-G&A Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR374448534891

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **501.72**

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