

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 175

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, William, Charles, Mr,

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 (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Exec Sales Rep-RICHWOOD WV DIAB

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR1481385150718

Amount of Each Receipt this Period

105.26

☐ Memo Item

P/R Deduction (\$105.26 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pulley, Shon, R, Dr, Ph.D.

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 (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Director-Companion Animal Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR1481667050718

Amount of Each Receipt this Period

34.82

☐ Memo Item

P/R Deduction (\$34.82 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hickey, Heather, L, ,

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 (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Exec Sls Rep-Northern New England O

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR1527753450718

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.08

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