

**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 86 OF 338
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Quirk, John, B, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1815 Horseback Trail

City Vienna	State VA	Zip Code 22182-1813
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Sr Director-State Government Affairs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1966.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR371877147299

Amount of Each Receipt this Period
220.86

Memo Item

P/R Deduction (\$220.86 Monthly)

B. Ford, Kira, L, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Director-Global Quality System-Quality
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR371880747299

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$40.00 Monthly)

C. Sharaf, Paul, S, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lilly Corporate Center

City Indianapolis	State IN	Zip Code 46285-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eli Lilly and Company	Occupation (for Individual) Dir-Sls Ops-Payer
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
339.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : PR371882047299

Amount of Each Receipt this Period
38.26

Memo Item

P/R Deduction (\$38.26 Monthly)

SUBTOTAL of Receipts This Page (optional).....	299.12
TOTAL This Period (last page this line number only).....	