

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

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

FOR LINE NUMBER: PAGE 217 OF 338

(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. Harris, Robert, L, 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)  
Assoc Consultant-Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.80

Date of Receipt

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

Transaction ID : PR374103847299

Amount of Each Receipt this Period

23.64

☐ Memo Item

P/R Deduction (\$23.64 Monthly)

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

B. Gallagher, Joseph, E, 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)  
Consultant-IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.54

Date of Receipt

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

Transaction ID : PR374104147299

Amount of Each Receipt this Period

55.54

☐ Memo Item

P/R Deduction (\$55.54 Monthly)

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

C. Noesges, David, Thomas, 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)  
VP-Sales-US Diabetes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2586.10

Date of Receipt

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

Transaction ID : PR374108747299

Amount of Each Receipt this Period

392.48

☐ Memo Item

P/R Deduction (\$392.48 Monthly)

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

471.66

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