## STATEMENT OF

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FORM 1		ORG	ANIZA	ATIO	N				Offic	ce Use O	nlv		
1. NAME OF COMMITTEE (ir	n full)	(Check if			ole:If typing, he lines.	type	12E	E4M			··· <b>y</b>		
ELI LILLY	AND C	OMPANY	POLI	TICA	LACT	ION (	CON	/MI	TTE	E			
ADDRESS (number a	nd street)	LILLY CORPORA	TE CENTER	₹									
(Check if a is changed													
	,	INDIANAPOLIS CITY					STAT	 E ▲	4628			DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS											
(Check if a is changed		LillyPAC@ele	ectioncom	pliance.	com								
		Optional Second	E-Mail Add	Iress									ı
COMMITTEE'S WEE  (Check if a is changed)	address	DRESS (URL)											
2. DATE 0	<sup>M</sup> / 07	D / Y Y Y Y 2023	Y										
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C co	0082792									
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDE	ED (A)							
I certify that I have e	examined th	is Statement and t	o the best	of my kn	owledge and	l belief it	is true,	correc	t and	complete	э.		
Type or Print Name	of Treasurer	Thompson, Micha	ael, , ,										
Signature of Treasure	er <i>Thomp</i>	oson, Michael, , ,		[1	Electronically 1	Filed]	Date	O2	M /	07	/ Y	2023	Y
NOTE: Submission of	false, errone	ous, or incomplete in								enalties	of 52 l	J.S.C.	§30109.
Office Use Only				F	or further info ederal Election oll Free 800-42 ocal 202-694-1	Commissi 24-9530			F	FEC F			

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TYPE OF COMMITTEE:								
Candidate Committee:								
(a) This committee is a principal campaign committee. (Comp	plete the candidate information below.)							
(b) This committee is an authorized committee, and is NOT a information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate	<u></u>							
Candidate Office Sought: House	State President District							
(c) This committee supports/opposes only one candidate, and	d is NOT an authorized committee.							
Name of Candidate								
Party Committee:								
(d) This committee is a (National, State or subordinate) com	(Democratic, Republican, etc.) Party							
Political Action Committee (PAC):								
(e) This committee is a separate segregated fund. (Identify co	onnected organization on line 6.) Its connected organization is a							
<b>X</b> Corporation Corporation	on w/o Capital Stock Labor Organization							
Membership Organization Trade Ass	ociation Cooperative							
In addition, this committee is a Lobbyist/Registre	ant PAC.							
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party							
In addition, this committee is a Lobbyist/Registro	ant PAC.							
In addition, this committee is a Leadership PAC	. (Identify sponsor on line 6.)							
(g) This committee is an independent expenditure-only politic	al committee (Super PAC).							
In addition, this committee is a Lobbyist/Registr	ant PAC.							
(h) This committee is a political committee with both contribu	tion and non-contribution accounts (Hybrid PAC).							
In addition, this committee is a Lobbyist/Registre	ant PAC.							
Joint Fundraising Representative:								
(i) This committee collects contributions, pays fundraising ex committees/organizations, at least one of which is an auti	penses and disburses net proceeds for two or more political norized committee of a federal candidate.							
(j) This committee collects contributions, pays fundraising ex committees/organizations, none of which is an authorized	penses and disburses net proceeds for two or more political committee of a federal candidate.							
Committees Participating in Joint Fundraiser								
1.	C							
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Write or Type Committee	ee Name		

	ELI LILLY AND	COMPANY POLITIC	AL ACTIC	N CON	<b>IMITTEE</b>			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Eli Lilly and Company							
	Mailing Address	Lilly Corporate Center						
		Indianapolis		LIN	46285			
		CITY A		STATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	Representativ	e Leadership PAC Sponso			
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number option	onal) and position o	f the person ir	n possession of committee			
		g LLC, PAC, , ,						
	Full Name	5045 B: 1						
	Mailing Address	5845 Richmond Highway						
		Suite 820						
		Alexandria		VA	22303			
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Custodian of Records		Telephone num	nber 70	347 - 6551			
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the	committee; a	nd the name and address of			
	Full Name Thompson,	Michael, , ,						
	of Treasurer							
	Mailing Address	Eli Lilly and Company						
		Lilly Corporate Center						
		Indianapolis		IN L	46285			
		CITY ▲		STATE ▲	ZIP CODE ▲			
	Title or Position ▼							
_	Treasurer		Telephone num	nber 31	7   -   409   -   2656			

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Full Name of Designated Agent	Shaw, Brian, , ,		
Mailing Address			
	Lilly Corporate Center		
	Indianapolis	IN 46	5285 
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treas	surer	lephone number 317	-   409   -   6433
	er Depositories: List all banks or other depositories in which poxes or maintains funds.	the committee deposits funds,	holds accounts, rents
Name of Bank,	Depository, etc.		
	JP Morgan Chase		
Mailing Address	1 Chase Manhattan Plaza, 7th Floor		
	New York	NY 100	005
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Change of Treasurer

Form/Schedule: Transaction ID: