

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

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

FOR LINE NUMBER: PAGE 9 OF 100

(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. Roby, Alena, , Ms,

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)

Manager-Global Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.57

Date of Receipt

04 / 30 / 2018

Transaction ID : PR1386924950042

Amount of Each Receipt this Period

51.65

☐ Memo Item

P/R Deduction (\$52.66 Monthly)

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

B. Davis, William, Charles, Mr,

Mailing Address 3 Surrey Drive

City
Hurricane

State
WV

Zip Code
25526-1627

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 DIAE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.83

Date of Receipt

04 / 30 / 2018

Transaction ID : PR1481385150042

Amount of Each Receipt this Period

104.23

☐ Memo Item

P/R Deduction (\$105.26 Monthly)

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

C. Reckner, Rachel, E, ,

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)

Senior Marketing Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.70

Date of Receipt

04 / 30 / 2018

Transaction ID : PR1550122950042

Amount of Each Receipt this Period

64.12

☐ Memo Item

P/R Deduction (\$64.12 Monthly)

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

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

220.00