

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)

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☒ 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 ▼

263.64

Date of Receipt

11 / 26 / 2018

Transaction ID : PR374103852562

Amount of Each Receipt this Period

24.12

☐ Memo Item

P/R Deduction (\$24.12 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 ▼

786.38

Date of Receipt

11 / 26 / 2018

Transaction ID : PR374104152562

Amount of Each Receipt this Period

112.76

☐ Memo Item

P/R Deduction (\$112.76 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 ▼

4390.93

Date of Receipt

11 / 26 / 2018

Transaction ID : PR374108752562

Amount of Each Receipt this Period

402.30

☐ Memo Item

P/R Deduction (\$402.30 Monthly)

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

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

539.18