

**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 345 OF 400
	<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. Quintero, Bertika, Maria, 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) Sr Dir-Diabetes-Northeast Diab Area
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1114.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2018

Transaction ID : PR37483952562

Amount of Each Receipt this Period
207.54

Memo Item

P/R Deduction (\$207.54 Monthly)

B. Runkle, Pamela, D, 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) Exec Sales Rep-Fort Laud Biad FL ALZ
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2018

Transaction ID : PR374842352562

Amount of Each Receipt this Period
20.00

Memo Item

P/R Deduction (\$20.00 Monthly)

C. Allen, Kelly, Formet, Mrs,
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) Exec Sls Rep-ORLANDO CNTL FL DIAI
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2018

Transaction ID : PR37484852562

Amount of Each Receipt this Period
25.20

Memo Item

P/R Deduction (\$25.20 Monthly)

SUBTOTAL of Receipts This Page (optional).....	252.74
TOTAL This Period (last page this line number only).....	