

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

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

FOR LINE NUMBER: PAGE 83 OF 444
(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

A. Quirk, John, B, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 Horseback Trail
 City Vienna State VA Zip Code 22182-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Director-State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1922.44

Date of Receipt 09 / 30 / 2016
Transaction ID : PR371877143083
 Amount of Each Receipt this Period 215.48
 Memo Item
 P/R Deduction (\$215.48 Monthly)

B. McWilliams, Alan, R, Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Pheasant Run
 City Saratoga Springs State NY Zip Code 12866-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Acct Mgr-Onc Market-New England
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR371878743083
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Ford, Kira, L, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Director-Global Quality System-Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR371880743083
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.48
TOTAL This Period (last page this line number only)..... ▶