

**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 297 OF 444
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Galloway, Robert, B, Mr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Kensington Way

City Booneville	State MS	Zip Code 38829-5425
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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 Exec Sales Rep-Tupelo MS IHP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR374831543083

Amount of Each Receipt this Period
56.56

Memo Item

P/R Deduction (\$56.56 Monthly)

B. Herrin, David, R, ,
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) Advisor-Alliance Management
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR374833343083

Amount of Each Receipt this Period
64.90

Memo Item

P/R Deduction (\$64.90 Monthly)

C. Quintero, Bertika, Maria, Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8200 SW Estancia Drive (83 Street)

City Miami	State FL	Zip Code 33143
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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 ▼
361.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : PR374839543083

Amount of Each Receipt this Period
35.32

Memo Item

P/R Deduction (\$35.32 Monthly)

SUBTOTAL of Receipts This Page (optional).....	156.78
TOTAL This Period (last page this line number only).....	