

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) LILLY CORPORATE CENTER INDIANAPOLIS IN 46285

2. FEC IDENTIFICATION NUMBER C C00082792 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wiggins Payne, Kelly, , , Type or Print Name of Treasurer

Signature of Treasurer Wiggins Payne, Kelly, , , [Electronically Filed] Date 06 / 18 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | | 311227.44 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 277096.81 | |
| (c) Total Receipts (from Line 19) | 69106.68 | 363676.05 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 346203.49 | 674903.49 |
| 7. Total Disbursements (from Line 31)..... | 20250.00 | 348950.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 325953.49 | 325953.49 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 36927.23 | 136684.91 |
| (ii) Unitemized | 32179.45 | 226773.08 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 69106.68 | 363457.99 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 69106.68 | 363457.99 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 218.06 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 69106.68 | 363676.05 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 69106.68 | 363676.05 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 150.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 150.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12000.00 | 230500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 8250.00 | 118300.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 20250.00 | 348950.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20250.00 | 348950.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 69106.68 | 363457.99 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 69106.68 | 363457.99 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 150.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 150.00 |

**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 6 OF 125 |
| <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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Nedolast, Daniel, A, Mr, II
 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) Exec Sales Rep-CLEVELAND OH DIAE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.91

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1003365850321
 Amount of Each Receipt this Period 50.54
 Memo Item
 P/R Deduction (\$50.54 Monthly)

B. Bishop, Grady, L, ,
 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) Sr Dir-MA Sci Aff Consum/Food Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.04

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1003724850321
 Amount of Each Receipt this Period 87.52
 Memo Item
 P/R Deduction (\$87.52 Monthly)

C. Dress, Scott, A, Mr,
 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) Exec Sales Rep-Clvd Biad OH Dermatol
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.31

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1012915350321
 Amount of Each Receipt this Period 47.72
 Memo Item
 P/R Deduction (\$47.72 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 185.78 |
| TOTAL This Period (last page this line number only)..... | |

**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 7 OF 125 |
| <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. Blacha, Francis, , Mr,
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) Sr Director-QA-IDM |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.79

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1019143450321

Amount of Each Receipt this Period
113.90

Memo Item

P/R Deduction (\$113.90 Monthly)

B. Smith, Rod, A., Mr,
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) Manager-IT Global Transparency |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.84

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1025150950321

Amount of Each Receipt this Period
58.38

Memo Item

P/R Deduction (\$58.38 Monthly)

C. Hinds, Jeremy, , Mr,
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) Consultant Scientist-SMDD |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
238.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1104047050321

Amount of Each Receipt this Period
49.86

Memo Item

P/R Deduction (\$49.86 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 222.14 |
| TOTAL This Period (last page this line number only)..... | |

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 8 OF 125 |
| <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. Coleman, Sabrina, Quarles, Ms, MBA
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) Market Manager-Seattle 4 IH |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
604.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1104049250321

Amount of Each Receipt this Period
125.54

Memo Item

P/R Deduction (\$125.54 Monthly)

B. Mills, Audrey, , 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) Sr Director-Ethics and Compliance |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.73

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247917050321

Amount of Each Receipt this Period
46.70

Memo Item

P/R Deduction (\$46.70 Monthly)

C. Gilroy, James, C, , III
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) Sr Advisor-Payer-Oncology |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.89

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247926750321

Amount of Each Receipt this Period
97.18

Memo Item

P/R Deduction (\$97.18 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 269.42 |
| TOTAL This Period (last page this line number only)..... | |

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 9 OF 125 |
| | <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. Roy, Arup, K, Dr,
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) VP-BioProduct Development |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247933650321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Elling, Sonya, D, ,
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) Sr Advisor-Federal Gov't Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1039.47

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247942450321

Amount of Each Receipt this Period
212.22

Memo Item

P/R Deduction (\$212.22 Monthly)

C. Coy, Travis, A, Mr,
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) Sr Advisor-Transactions-DBU & Devices |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
224.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247953050321

Amount of Each Receipt this Period
44.88

Memo Item

P/R Deduction (\$44.88 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 307.10 |
| TOTAL This Period (last page this line number only)..... | |

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 10 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Dewey, Debra, L, ,
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) Dist Sls Mgr-SCRANTON PA DIAB PC |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1247968550321

Amount of Each Receipt this Period
49.56

Memo Item

P/R Deduction (\$49.56 Monthly)

B. Hern, Kevin, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Director-LRL Finance |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1386910550321

Amount of Each Receipt this Period
91.56

Memo Item

P/R Deduction (\$91.56 Monthly)

C. Roby, Alena, , 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) Manager-Global Patient Safety |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
256.23

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1386924950321

Amount of Each Receipt this Period
52.66

Memo Item

P/R Deduction (\$52.66 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 193.78 |
| TOTAL This Period (last page this line number only)..... | |

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 11 OF 125 |
| | <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. Hall, David, Gregory, Dr,
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) Sr Research Advisor-Pathology |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.99

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1457755250321

Amount of Each Receipt this Period
44.40

Memo Item

P/R Deduction (\$44.40 Monthly)

B. Davis, William, Charles, Mr,
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) Exec Sales Rep-RICHWOOD WV DIAE |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1481385150321

Amount of Each Receipt this Period
105.26

Memo Item

P/R Deduction (\$105.26 Monthly)

C. Hadnot, Luke, H, ,
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) Exec Sls Rep-BIRMINGHAM AL DIAB S |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR1527802550321

Amount of Each Receipt this Period
51.50

Memo Item

P/R Deduction (\$51.50 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 201.16 |
| TOTAL This Period (last page this line number only)..... | |

**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 12 OF 125 |
| | <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. Gadus, Jerome, Edward, , Jr.
 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) Sr Sls Rep-AIKEN SC DIAB PC1
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 441.43

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1600922550321
 Amount of Each Receipt this Period 90.12
 Memo Item
 P/R Deduction (\$90.12 Monthly)

B. Van Scoik, Kurt, , Dr., Ph.D.
 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) Research Fellow-SMDD
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 459.86

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1645838050321
 Amount of Each Receipt this Period 93.26
 Memo Item
 P/R Deduction (\$93.26 Monthly)

C. Riesner, William, F., , III
 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) Prod Brand Dir-Diabetes NPP Payer & I
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 937.01

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1717333050321
 Amount of Each Receipt this Period 193.80
 Memo Item
 P/R Deduction (\$193.80 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 377.18 |
| TOTAL This Period (last page this line number only)..... | |

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 13 OF 125 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Minnich-Grasso, Annette, , ,
 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) Consultant-Consumer Exp Program De
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1717363750321
 Amount of Each Receipt this Period 48.94
 Memo Item
 P/R Deduction (\$48.94 Monthly)

B. Anderson, Benjamin, A, , Ph.D.
 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) Platform Team Leader-Thoracic Produc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1717427950321
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$90.00 Monthly)

C. Scroggins, Jennifer, Lyn, ,
 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) Advisor-Global Corporate Reputation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 611.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1717433750321
 Amount of Each Receipt this Period 125.26
 Memo Item
 P/R Deduction (\$125.26 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 264.20 |
| TOTAL This Period (last page this line number only)..... | |

**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 14 OF 125 |
| | <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. Brown, Valerie, T, ,
 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) Cnslt- Customer Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1736848150321
 Amount of Each Receipt this Period 108.50
 Memo Item
 P/R Deduction (\$108.50 Monthly)

B. Marion, Travis, Paul, ,
 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) Assoc Cnslt-Trulicity and Humatrope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1767509150321
 Amount of Each Receipt this Period 44.92
 Memo Item
 P/R Deduction (\$44.92 Monthly)

C. Kremin Hayward, Jessica, , ,
 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) Sr Sls Rep-BANGOR ME DIAB PC 1
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1767516150321
 Amount of Each Receipt this Period 41.66
 Memo Item
 P/R Deduction (\$41.66 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 195.08 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 15 OF 125 |
| <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. Martin, Sherry, A, ,
 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) VP-Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1814697150321
 Amount of Each Receipt this Period 475.00
 Memo Item
 P/R Deduction (\$475.00 Monthly)

B. Bennett, Kelly, Lee, ,
 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) Consultant-Patient Access Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1814704150321
 Amount of Each Receipt this Period 52.86
 Memo Item
 P/R Deduction (\$52.86 Monthly)

C. Price, Jesse, J, ,
 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) Sr Advisor-Federal Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 919.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR1821841950321
 Amount of Each Receipt this Period 183.80
 Memo Item
 P/R Deduction (\$183.80 Monthly)

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 711.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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 16 OF 125 |
| <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. Wang, Tongtong, , ,
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) Senior Director-Bioprocess RD & Opt |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR1821845550321

Amount of Each Receipt this Period
48.96

Memo Item

P/R Deduction (\$48.96 Monthly)

B. Fulk, Jennifer, C, ,
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) Sr Director-Regional CFO NA |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.87

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR1908517150321

Amount of Each Receipt this Period
41.42

Memo Item

P/R Deduction (\$41.42 Monthly)

C. St. Louis, Kathleen, , ,
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) Vice President-Finance-General Auditor |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
628.49

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR1916179550321

Amount of Each Receipt this Period
126.58

Memo Item

P/R Deduction (\$126.58 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 216.96 |
| TOTAL This Period (last page this line number only)..... | |

**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 17 OF 125 |
| | <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. Rumschlag, Anthony, J, ,
 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) Dir-Technical Consulting-CABU 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.87

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1928099150321
 Amount of Each Receipt this Period 74.50
 Memo Item
 P/R Deduction (\$74.50 Monthly)

B. Lardner, Sarah, McVay, ,
 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) Sr Sales Rep-Livingston Oncology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1934225650321
 Amount of Each Receipt this Period 47.50
 Memo Item
 P/R Deduction (\$47.50 Monthly)

C. Poolsawat, Robert, , ,
 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) Consultant-Medical Liaison
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1996135950321
 Amount of Each Receipt this Period 65.42
 Memo Item
 P/R Deduction (\$65.42 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 187.42
TOTAL This Period (last page this line number only).....▶

**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 18 OF 125 |
| <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. Gregg, Kevin, , ,
 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) Exec Sales Rep-Salisbury MD OSTEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.09

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2171965850321
 Amount of Each Receipt this Period 55.88
 Memo Item
 P/R Deduction (\$55.88 Monthly)

B. Rawlings, Melissa, A, ,
 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) Advisor-Privacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.79

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2171971850321
 Amount of Each Receipt this Period 56.54
 Memo Item
 P/R Deduction (\$56.54 Monthly)

C. Guba, Susan, C, ,
 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) Medical Fellow
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 545.16

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2203236650321
 Amount of Each Receipt this Period 111.30
 Memo Item
 P/R Deduction (\$111.30 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 223.72 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 19 OF 125 |
| | <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. Hulka, Michael, John, ,
 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) Sr Director-Asst General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2216878250321
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$60.00 Monthly)

B. Booth, Adam, Nathan, ,
 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) Sr Sales Rep-CABU
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2225790950321
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$55.00 Monthly)

C. Hamilton, Marele, Martignoni, ,
 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) Sr Sls Rep-SACRAMENTO CA DIAB PC
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 213.52

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2229722150321
 Amount of Each Receipt this Period 43.88
 Memo Item
 P/R Deduction (\$43.88 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 158.88 |
| TOTAL This Period (last page this line number only)..... | |

**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 20 OF 125 |
| | <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. Hall, Stephen, David, ,
 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) Sr Research Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 232.36

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2237618050321
 Amount of Each Receipt this Period 47.34
 Memo Item
 P/R Deduction (\$47.34 Monthly)

B. Talbot, David, , ,
 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) Sr Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.80

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2244413150321
 Amount of Each Receipt this Period 46.42
 Memo Item
 P/R Deduction (\$46.42 Monthly)

C. Untz, Carolyn, S, ,
 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) Sr Exec Sales Rep-Asheville Oncology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 327.70

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2256921950321
 Amount of Each Receipt this Period 66.66
 Memo Item
 P/R Deduction (\$66.66 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 160.42 |
| TOTAL This Period (last page this line number only)..... | |

**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 21 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. London, Amy, Sherylann, ,
 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) Sr Sales Rep-DALLAS NORTH TX DIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.28

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2259830650321
 Amount of Each Receipt this Period 41.90
 Memo Item
 P/R Deduction (\$41.90 Monthly)

B. Sevcik, Jesse, Jonathan, ,
 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) Senior Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.07

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2366942250321
 Amount of Each Receipt this Period 97.28
 Memo Item
 P/R Deduction (\$97.28 Monthly)

C. Murray, James, , , Ph.D.
 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) Research Fellow
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.34

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2374777250321
 Amount of Each Receipt this Period 51.60
 Memo Item
 P/R Deduction (\$51.60 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 190.78
TOTAL This Period (last page this line number only).....▶

**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 22 OF 125 |
| | <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. Stokes, Christopher, Jon, ,
 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-PRA Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 387.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2378843650321
 Amount of Each Receipt this Period 83.90
 Memo Item
 P/R Deduction (\$83.90 Monthly)

B. Vendel, Andrew, C, ,
 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) Sr Research Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2402322150321
 Amount of Each Receipt this Period 56.92
 Memo Item
 P/R Deduction (\$56.92 Monthly)

C. Rose, Amy, B, ,
 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-Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 267.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2412119650321
 Amount of Each Receipt this Period 55.64
 Memo Item
 P/R Deduction (\$55.64 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 196.46 |
| TOTAL This Period (last page this line number only)..... | |

**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 23 OF 125 |
| | <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. Ricks, David, A, ,
 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) President and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2080.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2430399950321
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$416.00 Monthly)

B. Craft, Marjorie, Mann, ,
 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) District Sales Manager-FAH
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 309.56

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2444928150321
 Amount of Each Receipt this Period 75.10
 Memo Item
 P/R Deduction (\$75.10 Monthly)

C. O'Connor, Michael, Bernard, ,
 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) Sr Advisor-State Government Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 979.33

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2485319150321
 Amount of Each Receipt this Period 199.94
 Memo Item
 P/R Deduction (\$199.94 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 691.04 |
| TOTAL This Period (last page this line number only)..... | |

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 24 OF 125 |
| | <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. Plowman, Gregory, D, ,
 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) VP-Onco Research & SVP Lilly NY Res
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.24

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2543989850321
 Amount of Each Receipt this Period 96.50
 Memo Item
 P/R Deduction (\$2.00 Monthly)

B. Pisciotta, Susan, A, ,
 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) Exec SIs Rep-MERCEDES CA DIAB PC1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552596550321
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$60.00 Monthly)

C. Arnold, Sonia, Chen, ,
 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) Asst General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 214.95

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2553425650321
 Amount of Each Receipt this Period 44.18
 Memo Item
 P/R Deduction (\$44.18 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.68 |
| TOTAL This Period (last page this line number only)..... | |

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 25 OF 125 |
| | <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. Linnik, Matthew, , ,
 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) Sr Research Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2560101950321
 Amount of Each Receipt this Period 62.32
 Memo Item
 P/R Deduction (\$62.32 Monthly)

B. Hake, Ann, Marie, ,
 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) Sr Medical Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2566384950321
 Amount of Each Receipt this Period 198.28
 Memo Item
 P/R Deduction (\$198.28 Monthly)

C. Brady, Ciaran, P, ,
 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) Sr Director-Parenteral TS/MS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2566385450321
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$60.00 Monthly)

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| SUBTOTAL of Receipts This Page (optional)..... | 320.60 |
| TOTAL This Period (last page this line number only)..... | |

**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 26 OF 125 |
| | <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. Dukes, Denny, Ashley, ,
 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) Exec Sales Rep-CABU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.79

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2579126550321
 Amount of Each Receipt this Period 44.76
 Memo Item
 P/R Deduction (\$44.76 Monthly)

B. Hagedorn, Evan, M, ,
 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) Consultant-Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.57

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2580747250321
 Amount of Each Receipt this Period 59.06
 Memo Item
 P/R Deduction (\$59.06 Monthly)

C. Skovronsky, Daniel, , ,
 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) Sr VP-Clinical and Product Developmen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2597749150321
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$416.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 519.82 |
| TOTAL This Period (last page this line number only)..... | |

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 27 OF 125 |
| | <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. Anderson, David, M, ,
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) Sr Res Advisor-Enzyme Prod Dev-Elan |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR2601816450321

Amount of Each Receipt this Period
42.80

Memo Item

P/R Deduction (\$42.80 Monthly)

B. Gramling, Christopher, Paul, ,
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) Assistant Gen Counsel-US Brand Attor |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR2607331850321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Gondim, Milson, , ,
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) VP-Vaccine Operations |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR2615395250321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 142.80 |
| TOTAL This Period (last page this line number only)..... | |

**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 28 OF 125 |
| | <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. Araujo, Andre, B., ,
 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) Senior Research Advisor-US Medical R
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 227.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2615402150321
 Amount of Each Receipt this Period 45.52
 Memo Item
 P/R Deduction (\$45.52 Monthly)

B. Goldblum, Orin, M., ,
 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) Medical Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 587.34

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2615970550321
 Amount of Each Receipt this Period 118.70
 Memo Item
 P/R Deduction (\$118.70 Monthly)

C. Hinckley, Catherine, , ,
 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) Sr Advisor-International Gov Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 846.49

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2623467750321
 Amount of Each Receipt this Period 177.46
 Memo Item
 P/R Deduction (\$177.46 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 341.68 |
| TOTAL This Period (last page this line number only)..... | |

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 29 OF 125 |
| | <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. Lawless, Julie, L., ,
 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) Sr Director-Corporate Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 468.94

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2623479550321
 Amount of Each Receipt this Period 96.70
 Memo Item
 P/R Deduction (\$96.70 Monthly)

B. Thayer, Kara, L., ,
 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) Sr Account Executive-CABU
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2629462650321
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Areces, Ian, , ,
 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) Consultant-Forecasting Tools & Cap
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 216.94

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2634783550321
 Amount of Each Receipt this Period 45.18
 Memo Item
 P/R Deduction (\$45.18 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 191.88 |
| TOTAL This Period (last page this line number only)..... | |

**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 30 OF 125 |
| | <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. Nirula, Ajay, , M.D. Ph.D.
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) VP-Immunology Clinical Development |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
829.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR263554750321

Amount of Each Receipt this Period
176.68

Memo Item

P/R Deduction (\$176.68 Monthly)

B. Schiller, Marie, , ,
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) VP-Site Head-Lilly Innovation Center |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR2636817150321

Amount of Each Receipt this Period
80.00

Memo Item

P/R Deduction (\$80.00 Monthly)

C. Morgan, Jelanna, Olivera, ,
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) Consultant-IT |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
269.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR2639841250321

Amount of Each Receipt this Period
53.80

Memo Item

P/R Deduction (\$53.80 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 310.48 |
| TOTAL This Period (last page this line number only)..... | |

**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 31 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. DeHaan-Fullerton, Karen, L, ,
 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) Counsel-BD & Transactions Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.58

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2640500550321
 Amount of Each Receipt this Period 41.90
 Memo Item
 P/R Deduction (\$41.90 Monthly)

B. Jacklin, Brad, , ,
 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) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2640500650321
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$60.00 Monthly)

C. Mintun, Mark, , ,
 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) President&CMO-Avid Radiopharmaceut
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1852.56

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2640507650321
 Amount of Each Receipt this Period 379.50
 Memo Item
 P/R Deduction (\$379.50 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 481.40 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 32 OF 125 |
| <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. Stephens, Andrew, Clifton, ,
 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) Associate Branch Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.69

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643066150321
 Amount of Each Receipt this Period 45.06
 Memo Item
 P/R Deduction (\$45.06 Monthly)

B. Brummer, Valerie, , ,
 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) Sr Medical Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.73

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643079050321
 Amount of Each Receipt this Period 49.80
 Memo Item
 P/R Deduction (\$49.80 Monthly)

C. Romans, Jennifer, , ,
 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) Sr Advisor-Federal Gov't Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1034.24

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2645247350321
 Amount of Each Receipt this Period 211.16
 Memo Item
 P/R Deduction (\$211.16 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 306.02 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 33 OF 125
(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. Nelson, Ann Marie, , ,
 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) Medical Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.57

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699729350321
 Amount of Each Receipt this Period 53.90
 Memo Item
 P/R Deduction (\$53.90 Monthly)

B. Alterson, Gregory, , ,
 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) Sales Rep 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2704868950321
 Amount of Each Receipt this Period 60.84
 Memo Item
 P/R Deduction (\$60.84 Monthly)

C. Kelley, Joseph, B, Mr,
 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) VP-Global Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR371907550321
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 530.74
TOTAL This Period (last page this line number only)..... ▶

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 34 OF 125 |
| | <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. Bilotas, Katherine, Andrews, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Advisor-State Government Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
394.17

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371907850321

Amount of Each Receipt this Period
79.66

Memo Item

P/R Deduction (\$79.66 Monthly)

B. O'Donnell, Karyn, A, 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) Consultant-HR-Projects |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371914450321

Amount of Each Receipt this Period
53.50

Memo Item

P/R Deduction (\$53.50 Monthly)

C. Malone, James, K, Dr, M.D.
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) Sr Medical Director-Connected Care |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1235.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371922150321

Amount of Each Receipt this Period
247.14

Memo Item

P/R Deduction (\$247.14 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 380.30 |
| TOTAL This Period (last page this line number only)..... | |

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 35 OF 125 |
| | <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. Haynes, Virginia, , Dr, Ph.D.
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) Research Advisor |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.43

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371922450321

Amount of Each Receipt this Period
41.74

Memo Item

P/R Deduction (\$41.74 Monthly)

B. Leonardi, Paul, E, Mr,
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) Sr Dir-Diabetes-West Diab Area |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371937950321

Amount of Each Receipt this Period
46.84

Memo Item

P/R Deduction (\$46.84 Monthly)

C. Peterson, Scott, D, Mr,
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) Exec Sls Rep-BUFFALO N NY DIAB PC |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.07

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371939450321

Amount of Each Receipt this Period
49.38

Memo Item

P/R Deduction (\$49.38 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 137.96 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 36 OF 125 |
| <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. MacKellar, Warren, C, Dr,
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) Senior Research Fellow-TS/MS |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371947950321

Amount of Each Receipt this Period
48.40

Memo Item

P/R Deduction (\$48.40 Monthly)

B. Sweeney, James, M, Mr,
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) Sr Dist Sls Mgr-Long Island NY Diab P |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371954550321

Amount of Each Receipt this Period
74.72

Memo Item

P/R Deduction (\$74.72 Monthly)

C. Bandick, Marcy, A, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Dir-HR-Glbl Learning and Developme |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.42

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371966350321

Amount of Each Receipt this Period
25.38

Memo Item

P/R Deduction (\$25.38 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 148.50 |
| TOTAL This Period (last page this line number only)..... | |

**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 37 OF 125 |
| <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. Onyia, Jude, E, Dr, Ph.D.
 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) VP-Biotechnology Research
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 392.21

Date of Receipt 05 / 31 / 2018
Transaction ID : PR371970250321
 Amount of Each Receipt this Period 80.08
 Memo Item
 P/R Deduction (\$80.08 Monthly)

B. Easley, Stuart, F, Mr,
 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) Sr Adv-Novartis Integration
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 918.99

Date of Receipt 05 / 31 / 2018
Transaction ID : PR371980450321
 Amount of Each Receipt this Period 188.88
 Memo Item
 P/R Deduction (\$188.88 Monthly)

C. Schultz, Eric, H, Mr, R.Ph
 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) Sr Advisor-Payer&Institutional Mktg-Di
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 267.73

Date of Receipt 05 / 31 / 2018
Transaction ID : PR371983450321
 Amount of Each Receipt this Period 54.40
 Memo Item
 P/R Deduction (\$54.40 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 323.36 |
| TOTAL This Period (last page this line number only)..... | |

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 38 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Fargnoli, Julie, C, 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) Sr Regional Market Dir-Pennsylvania IH |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR371997050321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Argentine, Mark, D, Mr,
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) Sr Research Advisor-SMDD |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372000950321

Amount of Each Receipt this Period
84.84

Memo Item

P/R Deduction (\$84.84 Monthly)

C. Becker, Deborah, K, 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) Sr Director-HR |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
506.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372002950321

Amount of Each Receipt this Period
104.24

Memo Item

P/R Deduction (\$104.24 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 239.08 |
| TOTAL This Period (last page this line number only)..... | |

**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 39 OF 125 |
| <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. Jackson, Andrew, M, Mr,
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) Sr Director-Diabetes-Mountain West Ar |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.54

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372005350321

Amount of Each Receipt this Period
86.94

Memo Item

P/R Deduction (\$86.94 Monthly)

B. Iacocca, Ronald, G., Dr, Ph.D.
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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.57

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372006550321

Amount of Each Receipt this Period
46.16

Memo Item

P/R Deduction (\$46.16 Monthly)

C. Carroll, Darren, John, Mr,
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) Sr VP - Corporate Business Developme |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2868.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372008050321

Amount of Each Receipt this Period
573.64

Memo Item

P/R Deduction (\$573.64 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 706.74 |
| TOTAL This Period (last page this line number only)..... | |

**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 40 OF 125 |
| <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. Mathew, Reni, , Mr, R.Ph
 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) Sr Dist Sls Mgr-New York NY Diab Spe
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 367.10

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372011050321
 Amount of Each Receipt this Period 75.10
 Memo Item
 P/R Deduction (\$75.10 Monthly)

B. Murray, David, C, Mr,
 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) Adv-NPP-Musculoskeletal
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 376.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372012950321
 Amount of Each Receipt this Period 76.12
 Memo Item
 P/R Deduction (\$76.12 Monthly)

C. Norton, Johna, , 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) VP-Global QA API Manufacturing/PR&D
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372015650321
 Amount of Each Receipt this Period 420.00
 Memo Item
 P/R Deduction (\$420.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 571.22 |
| TOTAL This Period (last page this line number only)..... | |

**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 41 OF 125 |
| | <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. Cunningham, Frank, D, Mr,
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) VP-Managed Hlthcare Svcs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1670.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372029150321

Amount of Each Receipt this Period
334.00

Memo Item

P/R Deduction (\$334.00 Monthly)

B. Klein, Eric, G, Mr,
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) Sr Director- Health Outcomes |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.24

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372042050321

Amount of Each Receipt this Period
52.28

Memo Item

P/R Deduction (\$52.28 Monthly)

C. Simmons, Jeffrey, N, Mr,
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) Sr VP and Pres-Elanco Animal Health |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1433.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372048750321

Amount of Each Receipt this Period
286.72

Memo Item

P/R Deduction (\$286.72 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 673.00 |
| TOTAL This Period (last page this line number only)..... | |

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 42 OF 125 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Bartolone, Frank, J, Mr, Jr.
 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) Exec Sls Rep-LEBANON PA DIAB PC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR372054350321
 Amount of Each Receipt this Period 56.52
 Memo Item
 P/R Deduction (\$56.52 Monthly)

B. Lien, Buu Le, , 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) Sr Advisor-DDR&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR372054850321
 Amount of Each Receipt this Period 43.14
 Memo Item
 P/R Deduction (\$43.14 Monthly)

C. Tidwell, Ponce, DeLeon, Mr, Jr., J.D.
 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) Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 281.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR372058150321
 Amount of Each Receipt this Period 56.32
 Memo Item
 P/R Deduction (\$56.32 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 155.98 |
| TOTAL This Period (last page this line number only)..... | |

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 43 OF 125 |
| | <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. Kalgaonkar, Ashish, , Mr,
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) Sr Director-Global Transparency |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.23

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372092450321

Amount of Each Receipt this Period
48.24

Memo Item

P/R Deduction (\$48.24 Monthly)

B. De Felippis, Michael, R, Dr, Ph.D.
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) Sr Research Fellow |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.26

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372097350321

Amount of Each Receipt this Period
49.06

Memo Item

P/R Deduction (\$49.06 Monthly)

C. Anttonen, Eric, T, Mr,
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) Sr Director-IT |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
399.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372119350321

Amount of Each Receipt this Period
85.66

Memo Item

P/R Deduction (\$85.66 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 182.96 |
| TOTAL This Period (last page this line number only)..... | |

**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 44 OF 125 |
| <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. Bakaysa, Diane, L, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Senior Advisor-Pharma PM Product Ph |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372123550321

Amount of Each Receipt this Period
53.34

Memo Item

P/R Deduction (\$53.34 Monthly)

B. Migliorini, Angelo, , Mr,
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) Sr Dist Sls Mgr-Phil N PA Diab Spec |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372124450321

Amount of Each Receipt this Period
79.44

Memo Item

P/R Deduction (\$79.44 Monthly)

C. Bott, Martin, , Mr,
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) VP-Corp Finance & Investment Banking |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
721.82

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372146450321

Amount of Each Receipt this Period
146.38

Memo Item

P/R Deduction (\$146.38 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 279.16 |
| TOTAL This Period (last page this line number only)..... | |

**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 45 OF 125 |
| | <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. Rommeney, Steven, J, 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) Advisor-Commercial Analytics |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372146650321

Amount of Each Receipt this Period
62.82

Memo Item

P/R Deduction (\$62.82 Monthly)

B. Griffith, Michael, D, Mr,
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) Exec Sales Rep-Cleveland OH ALZ |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
316.32

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372150150321

Amount of Each Receipt this Period
66.68

Memo Item

P/R Deduction (\$66.68 Monthly)

C. Allen, David, P, Dr, Ph.D.
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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
238.94

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372151850321

Amount of Each Receipt this Period
48.46

Memo Item

P/R Deduction (\$48.46 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 177.96 |
| TOTAL This Period (last page this line number only)..... | |

**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 46 OF 125 |
| | <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. Steinour, Jessica, A, Miss,
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) Sr Exec Sales Rep-Richmond Oncology |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372183450321

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$40.00 Monthly)

B. Johns, Keith, B, Mr,
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) Sr Director-Brand Marketing Dulaglutid |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1069.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372195150321

Amount of Each Receipt this Period
236.26

Memo Item

P/R Deduction (\$236.26 Monthly)

C. Jones, Thomas, W., Dr, Ph.D.
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) Chief Scientific Officer |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.23

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372208750321

Amount of Each Receipt this Period
65.88

Memo Item

P/R Deduction (\$65.88 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 342.14 |
| TOTAL This Period (last page this line number only)..... | |

**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 47 OF 125 |
| | <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. Koustenis, Andrew, G, Mr,
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) Senior Research Advisor |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.05

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372213550321

Amount of Each Receipt this Period
76.02

Memo Item

P/R Deduction (\$76.02 Monthly)

B. Sevilla, William, H, Mr,
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) Sr Dist Sls Mgr-San Francisco CA Diab |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372219950321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Montrose-Rafizadeh, Chahrzad, , Dr, Ph.D.
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) Senior Research Fellow |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
233.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372220550321

Amount of Each Receipt this Period
47.54

Memo Item

P/R Deduction (\$47.54 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 173.56 |
| TOTAL This Period (last page this line number only)..... | |

**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 48 OF 125 |
| <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. Lakshmanan, Mark, C, Dr, M.D.
 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) Medical Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 551.81

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372221650321
 Amount of Each Receipt this Period 112.28
 Memo Item
 P/R Deduction (\$112.28 Monthly)

B. White, Albert, S, Mr,
 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) Advisor-Corp Responsibility & Comm R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372229250321
 Amount of Each Receipt this Period 70.34
 Memo Item
 P/R Deduction (\$70.34 Monthly)

C. Zulueta, Alfonso, G, Mr,
 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) Sr VP and Pres-Lilly International
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372232350321
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$416.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 598.62 |
| TOTAL This Period (last page this line number only)..... | |

**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 49 OF 125 |
| | <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. Kiger, James, Barrett, Mr,
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) Sr Exec Sales Rep-Raleigh NC RHU |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.94

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372260950321

Amount of Each Receipt this Period
120.82

Memo Item

P/R Deduction (\$120.82 Monthly)

B. Goodpasture, Jack, R, Mr, Jr.
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) Sr Dir-Oncology-East Area |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.12

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372270650321

Amount of Each Receipt this Period
47.82

Memo Item

P/R Deduction (\$47.82 Monthly)

C. Hickman, Brian, E, Mr,
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) Exec Sales Rep-CHARLESTON WV DI/ |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372284650321

Amount of Each Receipt this Period
52.50

Memo Item

P/R Deduction (\$52.50 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 221.14 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 50 OF 125 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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. Truax, Dennis, R, Mr, Jr.
 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) Sr Director - LRL Procurement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 239.16

Date of Receipt 05 / 31 / 2018
 Transaction ID : PR372286550321
 Amount of Each Receipt this Period 48.98
 Memo Item
 P/R Deduction (\$48.98 Monthly)

B. Hinkley, Karen, MacFadden, 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) Advisor-Regional Medical Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 206.63

Date of Receipt 05 / 31 / 2018
 Transaction ID : PR372320950321
 Amount of Each Receipt this Period 41.62
 Memo Item
 P/R Deduction (\$41.62 Monthly)

C. Krause, Kenneth, A, Mr,
 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) Sr Market Consultant-Raleigh IH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 349.00

Date of Receipt 05 / 31 / 2018
 Transaction ID : PR372333550321
 Amount of Each Receipt this Period 69.80
 Memo Item
 P/R Deduction (\$69.80 Monthly)

SUBTOTAL of Receipts This Page (optional)..... 160.40
TOTAL This Period (last page this line number only).....

**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 51 OF 125 |
| | <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. Kendrick, Joelle, L, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Assoc Cnslt-Alzheimers Area Trainer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.65

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372337250321
 Amount of Each Receipt this Period 105.84
 Memo Item
 P/R Deduction (\$105.84 Monthly)

B. Erwin, M, Johnston, Mr, Jr.
 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) Sr Advisor-CBD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372343450321
 Amount of Each Receipt this Period 57.84
 Memo Item
 P/R Deduction (\$57.84 Monthly)

C. Overdorf, Michael, Dennis, Mr,
 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) VP-Corp Strategy & Bus Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2053.40

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372361750321
 Amount of Each Receipt this Period 419.22
 Memo Item
 P/R Deduction (\$419.22 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 582.90 |
| TOTAL This Period (last page this line number only)..... | |

**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 52 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Morison, Rebecca, A, 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) VP-Neuro Business Unit (tempoverlap) |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372412550321

Amount of Each Receipt this Period
65.08

Memo Item

P/R Deduction (\$65.08 Monthly)

B. Nagy, Mark, James, Mr,
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) Vice President |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1505.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372442950321

Amount of Each Receipt this Period
322.52

Memo Item

P/R Deduction (\$322.52 Monthly)

c. McGill, James, Michael, Dr, M.D.
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) Distinguished MedFellow-TmLdr-Immun |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2139.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372449550321

Amount of Each Receipt this Period
427.92

Memo Item

P/R Deduction (\$427.92 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 815.52 |
| TOTAL This Period (last page this line number only)..... | |

**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 53 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Dennis, Richard, K, Mr,
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) Exec Sales Rep-Richmond VA OSTEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372469250321

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

B. Lyons, Terrence, M, Mr,
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) VP-Finance-CFO Lilly Diabetes |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
348.63

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372471350321

Amount of Each Receipt this Period
71.42

Memo Item

P/R Deduction (\$71.42 Monthly)

C. Urbanek, David, A, Mr,
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) VP-Animal Health Manufacturing |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1310.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372474650321

Amount of Each Receipt this Period
319.04

Memo Item

P/R Deduction (\$319.04 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 450.46 |
| TOTAL This Period (last page this line number only)..... | |

**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 54 OF 125 |
| <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. Ward, James, A, Mr.,
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) VP-Finance-CFO Lilly International |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372478550321

Amount of Each Receipt this Period
170.02

Memo Item

P/R Deduction (\$170.02 Monthly)

B. Mader, Mary, M, Dr, Ph.D.
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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372479250321

Amount of Each Receipt this Period
41.74

Memo Item

P/R Deduction (\$41.74 Monthly)

C. Conterno, Enrique, A, Mr,
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) Sr VP & Pres-Lilly Diab & Pres-Lilly U |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372480250321

Amount of Each Receipt this Period
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 627.76 |
| TOTAL This Period (last page this line number only)..... | |

**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 55 OF 125 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Dozier, Eric, D, Mr,
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) Sr Director-Alzheimers Business Unit |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.51

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372494450321

Amount of Each Receipt this Period
143.34

Memo Item

P/R Deduction (\$143.34 Monthly)

B. Bowles, Brady, R, Mr,
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) Exec Sales Rep-Dayton OH CAS |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.73

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372495150321

Amount of Each Receipt this Period
55.68

Memo Item

P/R Deduction (\$55.68 Monthly)

C. Weidner, Michael, A, Mr,
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) Sr Dir-Lilly Patient Services |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372522250321

Amount of Each Receipt this Period
49.02

Memo Item

P/R Deduction (\$49.02 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 248.04 |
| TOTAL This Period (last page this line number only).....▶ | |

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 56 OF 125 |
| | <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. Christian, R, Bruce, Mr,
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) Sr Regional Market Dir-South Central I |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.11

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372529550321

Amount of Each Receipt this Period
83.82

Memo Item

P/R Deduction (\$83.82 Monthly)

B. Sharp, Michele, L, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Senior Director-Regulatory |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.71

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372533050321

Amount of Each Receipt this Period
50.30

Memo Item

P/R Deduction (\$50.30 Monthly)

C. Michael, Craig, Lee, Mr,
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-Contract Manufacturing |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
213.99

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372541850321

Amount of Each Receipt this Period
43.40

Memo Item

P/R Deduction (\$43.40 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 177.52 |
| TOTAL This Period (last page this line number only)..... | |

**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 57 OF 125 |
| <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. Allen, Nancy, K, 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) Senior Director-Regulatory |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372542150321

Amount of Each Receipt this Period
50.08

Memo Item

P/R Deduction (\$50.08 Monthly)

B. Burns, Aeron, P, Mr, R.Ph
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) Sr Acct Mgr-Oncology Key Accts-Midw |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.55

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372544550321

Amount of Each Receipt this Period
86.72

Memo Item

P/R Deduction (\$86.72 Monthly)

C. Brown, Cheryl, A, Ms, R.Ph
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) Sr Advisor-Pharma PM Product Phase |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372615550321

Amount of Each Receipt this Period
42.48

Memo Item

P/R Deduction (\$42.48 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 179.28 |
| TOTAL This Period (last page this line number only)..... | |

**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 58 OF 125 |
| | <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. Roberson, Edward, J, Mr,
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) Sr Director-IT-G&A-SDD/Ops |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372625550321

Amount of Each Receipt this Period
52.30

Memo Item

P/R Deduction (\$52.30 Monthly)

B. Fry, Stephen, F, Mr,
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) Sr VP-Human Resources and Diversity |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372626450321

Amount of Each Receipt this Period
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

C. Barr, Robert, J, Mr,
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) Consultant Biologist |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372703950321

Amount of Each Receipt this Period
54.94

Memo Item

P/R Deduction (\$54.94 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 523.24 |
| TOTAL This Period (last page this line number only)..... | |

**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 59 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Brown, Robert, B, Mr,
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) Sr Vice President-Marketing and CMO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372709250321

Amount of Each Receipt this Period
350.00

Memo Item

P/R Deduction (\$350.00 Monthly)

B. Russo, Michael, S, Mr,
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-HR-Global Security |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
348.62

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372709950321

Amount of Each Receipt this Period
70.62

Memo Item

P/R Deduction (\$70.62 Monthly)

C. Pugh, David, R, Mr,
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) Advisor-Corporate Strategic Planning |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
361.14

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372748450321

Amount of Each Receipt this Period
73.88

Memo Item

P/R Deduction (\$73.88 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 494.50 |
| TOTAL This Period (last page this line number only)..... | |

**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 60 OF 125 |
| | <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. Ross, Tamra, Ann Pettigrew, Ms, B.Sc.
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-Legal Operations |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372752050321

Amount of Each Receipt this Period
69.96

Memo Item

P/R Deduction (\$69.96 Monthly)

B. Readnour, Robin, S, Dr, Ph.D.
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) Sr Director-Product Tech Dev |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372802050321

Amount of Each Receipt this Period
108.06

Memo Item

P/R Deduction (\$108.06 Monthly)

C. Fiori, Janice, M, Ms, R.Ph
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) Consultant-Sourcing |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
263.66

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372813950321

Amount of Each Receipt this Period
53.46

Memo Item

P/R Deduction (\$53.46 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 231.48 |
| TOTAL This Period (last page this line number only)..... | |

**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 61 OF 125 |
| | <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. Bryant, Henry, U, Dr, Ph.D.
 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) Distinguished Research Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1302.31

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372817750321
 Amount of Each Receipt this Period 265.88
 Memo Item
 P/R Deduction (\$398.84 Monthly)

B. Richards, Julia, Kay, 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) Exec Sls Rep-INDIANAPOLIS N IN DIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372819250321
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Freyberger, Brian, J, Mr,
 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) Advisor-HR-Program Lead Employee Pc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 388.41

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372824850321
 Amount of Each Receipt this Period 78.76
 Memo Item
 P/R Deduction (\$78.76 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 394.64
TOTAL This Period (last page this line number only)..... ▶

**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 62 OF 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Wood, Danny, L, Mr,
 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) Assistant General Patent Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 892.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372831050321
 Amount of Each Receipt this Period 182.12
 Memo Item
 P/R Deduction (\$182.12 Monthly)

B. Sinex, Matthew, L, Mr,
 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) Sr Director-Global Payer Mktg & Pricin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.14

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372833150321
 Amount of Each Receipt this Period 53.32
 Memo Item
 P/R Deduction (\$53.32 Monthly)

c. Shell, Cassandra, Forthofer, ,
 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-Supply Chain-Dry Products
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 309.44

Date of Receipt 05 / 31 / 2018
Transaction ID : PR372834450321
 Amount of Each Receipt this Period 63.68
 Memo Item
 P/R Deduction (\$63.68 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 299.12 |
| TOTAL This Period (last page this line number only)..... | |

**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 63 OF 125 |
| | <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. Morrison, Anita, K, 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-CSQA |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372932950321

Amount of Each Receipt this Period
75.50

Memo Item

P/R Deduction (\$75.50 Monthly)

B. Smith, Tammy, Lynn, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Director- Clinical Project Mgmt |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.09

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372944550321

Amount of Each Receipt this Period
43.30

Memo Item

P/R Deduction (\$43.30 Monthly)

C. Eads, Kelly, J, Mr,
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) Advisor-Alliance Management |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
201.56

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372949650321

Amount of Each Receipt this Period
41.04

Memo Item

P/R Deduction (\$41.04 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 159.84 |
| TOTAL This Period (last page this line number only)..... | |

**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 64 OF 125 |
| | <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. Barnes, Melissa, Stapleton, 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) Sr VP-ERM & Chief Ethics and Compl C |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
872.21

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372956050321

Amount of Each Receipt this Period
179.16

Memo Item

P/R Deduction (\$179.16 Monthly)

B. Haug, Jonathan, R, Mr,
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) Sr Director-Treasury |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372962850321

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

C. Waite, Peter, , Mr,
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) Sr Director-Global Health Safety and |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR372973350321

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.16 |
| TOTAL This Period (last page this line number only)..... | |

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 65 OF 125 |
| | <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. Saltsgaver, Mark, A, Mr,
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) Sr Advisor-Treasury |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373046450321

Amount of Each Receipt this Period
45.94

Memo Item

P/R Deduction (\$45.94 Monthly)

B. McWilliams, Monique, Hunt, 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) Sr Director-Chief Diversity Officer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373048350321

Amount of Each Receipt this Period
48.28

Memo Item

P/R Deduction (\$48.28 Monthly)

C. Oleksiw, Jennifer, L, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Vice President & Information Officer |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2106.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373073750321

Amount of Each Receipt this Period
421.20

Memo Item

P/R Deduction (\$421.20 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 515.42 |
| TOTAL This Period (last page this line number only)..... | |

**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 66 OF 125 |
| <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. Klotz, Alan, V., Dr, Ph.D.
 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) Sr Res Advisor-Biosciences
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 370.80

Date of Receipt 05 / 31 / 2018
Transaction ID : PR373107550321
 Amount of Each Receipt this Period 75.70
 Memo Item
 P/R Deduction (\$75.70 Monthly)

B. Traina, Samuel, B, Mr,
 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-Regulatory
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR373146650321
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Brocker, Todd, T, Mr,
 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) Sr Dir-HR-Strategic Business Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 247.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR373150950321
 Amount of Each Receipt this Period 50.74
 Memo Item
 P/R Deduction (\$50.74 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 226.44 |
| TOTAL This Period (last page this line number only)..... | |

**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 67 OF 125 |
| <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. Edwards, David, Matthew, Mr,
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-Operations-Parenteral |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373171550321

Amount of Each Receipt this Period
44.38

Memo Item

P/R Deduction (\$44.38 Monthly)

B. Weems, Alonzo, , Mr,
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) Vice President-Deputy General Counse |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1552.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373178650321

Amount of Each Receipt this Period
318.06

Memo Item

P/R Deduction (\$318.06 Monthly)

C. Sandman, Jan, N, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Advisor |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
329.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373180650321

Amount of Each Receipt this Period
67.30

Memo Item

P/R Deduction (\$67.30 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 429.74 |
| TOTAL This Period (last page this line number only)..... | |

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 68 OF 125 |
| <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. White, Dawn, M, 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) Sr Exec Sales Rep-Memphis Biad TN C |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.18

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373184050321

Amount of Each Receipt this Period
59.04

Memo Item

P/R Deduction (\$59.04 Monthly)

B. Hickman, Leanne, E, 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) Manager - MS&T - IAPI |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
559.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373264350321

Amount of Each Receipt this Period
114.92

Memo Item

P/R Deduction (\$114.92 Monthly)

C. McGraw, Elizabeth, A, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Director-Asst General Patent Course |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
238.63

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373282250321

Amount of Each Receipt this Period
52.50

Memo Item

P/R Deduction (\$52.50 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 226.46 |
| TOTAL This Period (last page this line number only)..... | |

**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 69 OF 125 |
| <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. Smith, Robert, L, Mr,
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) Sr Director-Corporate Responsibility |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373284350321

Amount of Each Receipt this Period
96.08

Memo Item

P/R Deduction (\$48.04 Monthly)

B. Garnett, Timothy, , Dr.,
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) Sr VP-MDU-LRL & Chief Med Officer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373311850321

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

C. Burleigh, Susan, 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) Consultant-HR-Projects |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
279.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373348150321

Amount of Each Receipt this Period
56.46

Memo Item

P/R Deduction (\$56.46 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.54 |
| TOTAL This Period (last page this line number only)..... | |

**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 70 OF 125 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Hill, Christine, M, 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) Sr Director-Cx Strategy & Measurement |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.90

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373350150321

Amount of Each Receipt this Period
53.16

Memo Item

P/R Deduction (\$53.16 Monthly)

B. Moody, Winton, Darin, Mr,
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) Sr VP-Global API & Dry Prod MFG/Cor |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2057.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373361950321

Amount of Each Receipt this Period
422.08

Memo Item

P/R Deduction (\$422.08 Monthly)

C. Asay, Derek, L, Mr,
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) Sr Adv-Govt Strategy-Fed Accts-Quality |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
468.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373378250321

Amount of Each Receipt this Period
95.38

Memo Item

P/R Deduction (\$95.38 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 570.62 |
| TOTAL This Period (last page this line number only)..... | |

**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 71 OF 125 |
| <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. Chamberlin, Tracy, Gill, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Consultant-HR Workforce Services |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.35

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373556050321

Amount of Each Receipt this Period
96.40

Memo Item

P/R Deduction (\$96.40 Monthly)

B. Caltrider, Steven, P, Mr,
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) Vice President-Deputy General Patent |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.59

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373574350321

Amount of Each Receipt this Period
70.76

Memo Item

P/R Deduction (\$70.76 Monthly)

C. Bradley, Jeffrey, L, Mr,
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) Associate Engineering Advisor |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
353.55

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373578150321

Amount of Each Receipt this Period
72.18

Memo Item

P/R Deduction (\$72.18 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 239.34 |
| TOTAL This Period (last page this line number only)..... | |

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 72 OF 125 |
| | <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. Zakrowski, Donald, A, Mr,
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) Vice President-Finance-CAO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.78

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373579650321

Amount of Each Receipt this Period
66.58

Memo Item

P/R Deduction (\$66.58 Monthly)

B. Lemen, Nicholas, B, Mr,
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) Sr Director-E&C-Enterprise Risk Mgmt |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373580550321

Amount of Each Receipt this Period
47.30

Memo Item

P/R Deduction (\$47.30 Monthly)

C. Hemmings, J, Adam, Mr,
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) Sr Director-Elanco MFG HR |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
237.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373581150321

Amount of Each Receipt this Period
48.76

Memo Item

P/R Deduction (\$48.76 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 162.64 |
| TOTAL This Period (last page this line number only)..... | |

**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 73 OF 125 |
| <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. Bearby, Elizabeth, Claire, Dr,
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) Sr Director-Project Mgmt-Research/Dev |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373590950321

Amount of Each Receipt this Period
101.84

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Roudebush, Jody, M, Mr,
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) Sr Dir-IT-Novartis Integration |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.72

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373591650321

Amount of Each Receipt this Period
47.94

Memo Item

P/R Deduction (\$47.94 Monthly)

C. Veenhuizen, Melissa, F, Dr, D.V.M.
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) Sr Dir-Neurodegeneration Pain&Psychia |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
244.57

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373664850321

Amount of Each Receipt this Period
50.44

Memo Item

P/R Deduction (\$50.44 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.22 |
| TOTAL This Period (last page this line number only)..... | |

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 74 OF 125 |
| | <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. Brown, Beth, Lynn, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Assoc Consultant-IT |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.56

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373672250321

Amount of Each Receipt this Period
43.18

Memo Item

P/R Deduction (\$43.18 Monthly)

B. Holaday, Stephen, Kent, Mr, Jr.
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) Consultant-GSM |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373770050321

Amount of Each Receipt this Period
90.88

Memo Item

P/R Deduction (\$90.88 Monthly)

C. Garcia-Meneses, Claudia, Marcela, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Director-Glbl Marketing-Food Animal |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
485.52

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373799850321

Amount of Each Receipt this Period
99.12

Memo Item

P/R Deduction (\$99.12 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 233.18 |
| TOTAL This Period (last page this line number only)..... | |

**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 75 OF 125 |
| <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. Mason, Michael, B, Mr,
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) VP-US Diabetes Business Unit |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373872850321

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Susemichel, Paul, M, Mr,
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) Associate Consultant |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.82

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373902850321

Amount of Each Receipt this Period
44.06

Memo Item

P/R Deduction (\$44.06 Monthly)

C. Combs, Tonya, L, Ms, J.D.
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) Sr Director - Asst General Counsel |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
266.29

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR373907150321

Amount of Each Receipt this Period
54.42

Memo Item

P/R Deduction (\$54.42 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 198.48 |
| TOTAL This Period (last page this line number only)..... | |

**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 76 OF 125 |
| | <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. Sashegyi, Andreas, , Dr, Ph.D.
 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) Sr Research Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.13

Date of Receipt 05 / 31 / 2018
Transaction ID : PR373920450321
 Amount of Each Receipt this Period 41.76
 Memo Item
 P/R Deduction (\$41.76 Monthly)

B. Mahony, Susan, , Dr, Ph.D.
 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) Sr VP and Pres-Lilly Oncology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR373922750321
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$416.00 Monthly)

C. Mabry, Thomas, E, Mr,
 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) Senior Research Scientist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 283.86

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374004950321
 Amount of Each Receipt this Period 59.32
 Memo Item
 P/R Deduction (\$59.32 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 517.08 |
| TOTAL This Period (last page this line number only)..... | |

**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 77 OF 125 |
| | <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. Coleman, Timothy, F, Mr, MBA
 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) Sr Director-IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.45

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR374088250321
 Amount of Each Receipt this Period 57.44
 Memo Item
 P/R Deduction (\$57.44 Monthly)

B. Runkel, Edward, L, Mr,
 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) Assoc Brand Mgr-Ixekizumab Payer M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.10

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR374103350321
 Amount of Each Receipt this Period 54.82
 Memo Item
 P/R Deduction (\$54.82 Monthly)

C. Gallagher, Joseph, E, Mr,
 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) Consulttant-IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 278.96

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR374104150321
 Amount of Each Receipt this Period 56.38
 Memo Item
 P/R Deduction (\$56.38 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 168.64 |
| TOTAL This Period (last page this line number only)..... | |

**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 78 OF 125 |
| | <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. NOESGES, DAVID, Thomas, Mr,
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) VP-Sales-US Diabetes

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1977.13

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374108750321

Amount of Each Receipt this Period 402.30

Memo Item

P/R Deduction (\$402.30 Monthly)

B. Huntington, Erin, B, 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) VP-International Corp Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2018.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374115850321

Amount of Each Receipt this Period 403.72

Memo Item

P/R Deduction (\$403.72 Monthly)

C. Chase, Veronica, A, 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) VP-Marketing-Global Oncology Brands

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1194.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374117050321

Amount of Each Receipt this Period 244.62

Memo Item

P/R Deduction (\$244.62 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 1050.64

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

**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 79 OF 125 |
| | <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. Mochel, Mary, 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) Sr Dist Sales Mgr-Michigan OSTEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.67

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374129750321

Amount of Each Receipt this Period
72.28

Memo Item

P/R Deduction (\$72.28 Monthly)

B. Brooks, Matthew, J, Mr,
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) Dir-Patient Reimbursement-Northeast |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
376.85

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374140750321

Amount of Each Receipt this Period
76.42

Memo Item

P/R Deduction (\$76.42 Monthly)

C. Johnson, Philip, L, Mr,
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) Vice President-Finance-Investor Relati |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374142450321

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$250.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 398.70 |
| TOTAL This Period (last page this line number only)..... | |

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 80 OF 125 |
| | <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. Marxer, Joseph, H, Mr,
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) Sr Director-Asst General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.12

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374147050321

Amount of Each Receipt this Period 61.92

Memo Item

P/R Deduction (\$61.92 Monthly)

B. Shaw, Christi, 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) Sale Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374154050321

Amount of Each Receipt this Period 200.00

Memo Item

P/R Deduction (\$200.00 Monthly)

C. Smith, Shawn, L, Mr,
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) Sr Director-Manufacturing Strategy

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 258.92

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374156550321

Amount of Each Receipt this Period 56.04

Memo Item

P/R Deduction (\$56.04 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 317.96

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

**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 81 OF 125 |
| | <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. Assalley, Thomas, J, Mr,
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) Sr Dir-National Managed Care |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
511.13

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374166050321

Amount of Each Receipt this Period
103.64

Memo Item

P/R Deduction (\$103.64 Monthly)

B. Vannatta, Katherine, E, 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) Sr Dir-Novartis Integration-Regulatory |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.52

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374172150321

Amount of Each Receipt this Period
44.62

Memo Item

P/R Deduction (\$44.62 Monthly)

C. Harrington, Michael, J, Mr,
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) Sr Vice President-General Counsel |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374178650321

Amount of Each Receipt this Period
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 564.26 |
| TOTAL This Period (last page this line number only)..... | |

**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 82 OF 125 |
| | <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. Shelley, Stephanie, 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) Prd Brand Dir-HCP Mktg-Strattera |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1428.62

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374179150321

Amount of Each Receipt this Period
293.62

Memo Item

P/R Deduction (\$293.62 Monthly)

B. Shemezis, Anthony, , Mr,
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) Consultant-NPP-Glbl-Autoimmune |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.56

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374179450321

Amount of Each Receipt this Period
52.64

Memo Item

P/R Deduction (\$52.64 Monthly)

C. Vande Wiele, John, M, Mr,
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) Sr Director-IT |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
244.17

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374182750321

Amount of Each Receipt this Period
27.55

Memo Item

P/R Deduction (\$27.55 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 373.81 |
| TOTAL This Period (last page this line number only)..... | |

**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 83 OF 125 |
| | <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. Schacht, Aaron, L, Mr,
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) Vice Pres-R&D and Regulatory |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1810.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374184150321

Amount of Each Receipt this Period
368.48

Memo Item

P/R Deduction (\$368.48 Monthly)

B. Cacchillo, Renee D., Renee, 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) Associate Consultant - Analysis |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.41

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374228350321

Amount of Each Receipt this Period
46.66

Memo Item

P/R Deduction (\$46.66 Monthly)

C. Mickelson, Thomas, S, Mr,
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) Dir-Bus Unit Strategy/Ops-TempOverlap |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
232.47

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374250050321

Amount of Each Receipt this Period
47.46

Memo Item

P/R Deduction (\$47.46 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 462.60 |
| TOTAL This Period (last page this line number only)..... | |

**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 84 OF 125 |
| | <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. Olivares, Jorge, M, Mr,
 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) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.99

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374253650321
 Amount of Each Receipt this Period 48.22
 Memo Item
 P/R Deduction (\$48.22 Monthly)

B. Oldani, Jamie, JoAnne, 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) Advisor-State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 767.07

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374281050321
 Amount of Each Receipt this Period 156.34
 Memo Item
 P/R Deduction (\$156.34 Monthly)

C. Titus, Robert, D, Mr, J.D.
 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) Sr Director-Asst General Patent Course
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 271.10

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374321550321
 Amount of Each Receipt this Period 54.78
 Memo Item
 P/R Deduction (\$54.78 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 259.34 |
| TOTAL This Period (last page this line number only)..... | |

**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 85 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Viele, Susan, C, 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) Dir-Enterprise Customer Mtg Svcs-FMV |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374322750321

Amount of Each Receipt this Period
67.20

Memo Item

P/R Deduction (\$67.20 Monthly)

B. Sanger, Todd, M, Dr,
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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374325450321

Amount of Each Receipt this Period
47.06

Memo Item

P/R Deduction (\$47.06 Monthly)

C. Tumminello, Dominic, C, Mr,
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 - External MFG Procurement |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
374.86

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374328050321

Amount of Each Receipt this Period
75.56

Memo Item

P/R Deduction (\$75.56 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 189.82 |
| TOTAL This Period (last page this line number only)..... | |

**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 86 OF 125 |
| | <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. Burg, Cindy, Ann, 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) Exec Sls Rep-SAGINAW MI DIAB PC2 |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.76

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374330950321

Amount of Each Receipt this Period
52.62

Memo Item

P/R Deduction (\$52.62 Monthly)

B. Bien, Robert, A, Mr, R.Ph
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) Sr Exec Sls Rep-Lansing North Oncolc |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374336950321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Payne, Kelly, Wiggins, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Dir & Leader-GBS Centers-Americas |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
948.11

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374342650321

Amount of Each Receipt this Period
228.78

Memo Item

P/R Deduction (\$228.78 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 331.40 |
| TOTAL This Period (last page this line number only)..... | |

**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 87 OF 125 |
| | <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. Anderson, Arvie, J, Mr, J.D.
 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) Assistant General Patent Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374348250321
 Amount of Each Receipt this Period 48.26
 Memo Item
 P/R Deduction (\$48.26 Monthly)

B. White, Anne, E, 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) VP-Next Generation Dev & Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 926.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374356850321
 Amount of Each Receipt this Period 189.58
 Memo Item
 P/R Deduction (\$189.58 Monthly)

C. Milton, Terence, W K, Mr,
 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) Dir-Pt Reimbursement Field Team East
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 382.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374366950321
 Amount of Each Receipt this Period 77.62
 Memo Item
 P/R Deduction (\$77.62 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 315.46 |
| TOTAL This Period (last page this line number only)..... | |

**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 88 OF 125 |
| <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. Shope, Shelly, H, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Adv-HSE-Novartis Integration |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.33

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374367250321

Amount of Each Receipt this Period
73.44

Memo Item

P/R Deduction (\$73.44 Monthly)

B. Churgay, Lisa, , Mrs, B.Sc.
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) Consultant-Regulatory |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374379450321

Amount of Each Receipt this Period
105.94

Memo Item

P/R Deduction (\$105.94 Monthly)

C. Curtiss, Thomas, L, Mr,
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) Sr Dir-Diabetes-South Central Diab Are |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
464.61

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374382750321

Amount of Each Receipt this Period
94.00

Memo Item

P/R Deduction (\$94.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 273.38 |
| TOTAL This Period (last page this line number only)..... | |

**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 89 OF 125 |
| <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. Scholl, Joseph, J, Mr,
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) Sr Dist Sls Mgr-Great Lakes Dermatolo |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR374384950321

Amount of Each Receipt this Period
72.38

Memo Item

P/R Deduction (\$72.38 Monthly)

B. Sell, Jennifer, 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) Dir-Six Sigma Champion-Diabetes |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR374386250321

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

C. Reid, William, S, Mr,
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) Sr Director-Global Public Policy |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
960.85

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 31 | / | 2018 |

Transaction ID : PR374405150321

Amount of Each Receipt this Period
197.42

Memo Item

P/R Deduction (\$197.42 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 329.80 |
| TOTAL This Period (last page this line number only)..... | |

**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 90 OF 125 |
| | <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. Angell, Reginald, S, Mr,
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) Exec Sales Rep-Cincinnati Oncology |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
598.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374429950321

Amount of Each Receipt this Period
122.74

Memo Item

P/R Deduction (\$122.74 Monthly)

B. Meadows, Michael, R, Mr,
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) Vice President/Chief Technology Office |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374447850321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Tejcek, Ann-Marie, , 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Director-Regional Medical |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374449350321

Amount of Each Receipt this Period
51.22

Memo Item

P/R Deduction (\$51.22 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 223.96 |
| TOTAL This Period (last page this line number only)..... | |

**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 91 OF 125 |
| | <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. Wright, Kelley, R, 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) Sr Dist Sls Mgr-Chattanooga TN Diab P |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.02

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374483350321

Amount of Each Receipt this Period
66.98

Memo Item

P/R Deduction (\$66.98 Monthly)

B. Jackson, Heather, Dotson, 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) Sr Dir-Diabetes-West Central Diab Are |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374491350321

Amount of Each Receipt this Period
44.70

Memo Item

P/R Deduction (\$44.70 Monthly)

C. Grese, Timothy, A, Dr, Ph.D.
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) Chief Scientific Officer |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.12

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374511050321

Amount of Each Receipt this Period
64.34

Memo Item

P/R Deduction (\$64.34 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 176.02 |
| TOTAL This Period (last page this line number only)..... | |

**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 92 OF 125 |
| <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. Ezell, Antoine, C, Mr,
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) VP and CMO-Mktg-Customer Value |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374522150321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Swint, Laura, M, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Black Belt-Six Sigma |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.84

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374525350321

Amount of Each Receipt this Period
80.52

Memo Item

P/R Deduction (\$80.52 Monthly)

C. Garner, Carlos, O, Dr, Ph.D.
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) Sr Director-Global Regulatory-BioMeds |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1753.33

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374526450321

Amount of Each Receipt this Period
357.96

Memo Item

P/R Deduction (\$357.96 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 488.48 |
| TOTAL This Period (last page this line number only)..... | |

**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 93 OF 125 |
| | <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. Bratton, Mary, Orton, 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) Exec Sales Rep-Indpls S Dermatology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 282.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374530650321
 Amount of Each Receipt this Period 59.30
 Memo Item
 P/R Deduction (\$59.30 Monthly)

B. Mc Millian, Carl, L, Dr, Ph.D.
 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) VP-Toxicology/Drug Disposition/PK/PD
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 635.03

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374534350321
 Amount of Each Receipt this Period 130.52
 Memo Item
 P/R Deduction (\$130.52 Monthly)

C. Williams, Richard, H, Mr,
 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) Sr Market Manager-Knoxville IH
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 206.23

Date of Receipt 05 / 31 / 2018
Transaction ID : PR374539250321
 Amount of Each Receipt this Period 41.68
 Memo Item
 P/R Deduction (\$41.68 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 231.50 |
| TOTAL This Period (last page this line number only)..... | |

**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 94 OF 125 |
| | <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. Crusan, Melissa, G, 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) Dist Sls Mgr-Shreveport LA Diab PC |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.11

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374545050321

Amount of Each Receipt this Period
63.24

Memo Item

P/R Deduction (\$63.24 Monthly)

B. Sanders, Kristy, D, 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 |
|----------------------|-------------|------------------------|

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-Oklahoma Dermat |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374606150321

Amount of Each Receipt this Period
55.90

Memo Item

P/R Deduction (\$55.90 Monthly)

C. Rohm, Dianne, Black, Mrs, MBA
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) SrExecSlsRep-HOUSTON N TX DIAB S |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
317.63

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374631650321

Amount of Each Receipt this Period
64.52

Memo Item

P/R Deduction (\$64.52 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.66 |
| TOTAL This Period (last page this line number only)..... | |

**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 95 OF 125 |
| <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. Matzke, Marianne, , 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) Sr Dist Sls Mgr-S Cntrl Dermatology (J |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
362.24

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374647650321

Amount of Each Receipt this Period
73.96

Memo Item

P/R Deduction (\$73.96 Monthly)

B. McGruder, Edward, D, Dr,
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) Advisor-Chief Medical Officer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374671450321

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

C. Mielke, Wayne, R, Mr,
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) Sr Dist Sls Mgr-San Fran CA Diab Spec |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
385.45

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374680050321

Amount of Each Receipt this Period
78.70

Memo Item

P/R Deduction (\$78.70 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.66 |
| TOTAL This Period (last page this line number only)..... | |

**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 96 OF 125 |
| | <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. Melemed, Allen, S, Dr, M.D.
 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) Dist Med Fellow & Sr Dir N Amer Reg-C
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 354.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374681550321
 Amount of Each Receipt this Period 72.04
 Memo Item
 P/R Deduction (\$72.04 Monthly)

B. Andersen, Scott, W, Mr,
 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) Principal Research Scientist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 316.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374682250321
 Amount of Each Receipt this Period 64.66
 Memo Item
 P/R Deduction (\$64.66 Monthly)

C. Trummel, David, P, Mr,
 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) Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 227.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR374692950321
 Amount of Each Receipt this Period 46.52
 Memo Item
 P/R Deduction (\$46.52 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.22 |
| TOTAL This Period (last page this line number only)..... | |

**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 97 OF 125 |
| | <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. Miles, Nathaniel, R, Mr,
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) Advisor-State Government Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
903.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374703450321

Amount of Each Receipt this Period
183.24

Memo Item

P/R Deduction (\$183.24 Monthly)

B. McMeel, Leah, C, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Dist Sls Mgr-PHOENIX S AZ DIAB PC |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.57

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374709750321

Amount of Each Receipt this Period
52.46

Memo Item

P/R Deduction (\$52.46 Monthly)

C. Lu, Jirong, , Dr,
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) Distinguished Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
559.71

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374722150321

Amount of Each Receipt this Period
117.78

Memo Item

P/R Deduction (\$117.78 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 353.48 |
| TOTAL This Period (last page this line number only)..... | |

**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 98 OF 125 |
| | <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. Madrigal, Barrett, B, Mr,
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) Prd Brand Dir-Intl Mktg Ldr-Osteo |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374752750321

Amount of Each Receipt this Period
50.42

Memo Item

P/R Deduction (\$50.42 Monthly)

B. Snyder, Brian, E, Mr,
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) Exec Sales Rep-Central Valley CA RHI |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.72

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374780450321

Amount of Each Receipt this Period
52.94

Memo Item

P/R Deduction (\$52.94 Monthly)

C. Sims, Tracy, J, Mr,
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) Sr Advisor-Corp Affairs Gbl Diab Care |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374785350321

Amount of Each Receipt this Period
49.04

Memo Item

P/R Deduction (\$49.04 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 152.40 |
| TOTAL This Period (last page this line number only)..... | |

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 99 OF 125 |
| | <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. Grant, Terri, L, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Vice President-Human Resources |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2314.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374791450321

Amount of Each Receipt this Period
462.88

Memo Item

P/R Deduction (\$462.88 Monthly)

B. Ferrell, Phyllis, Barkman, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Platform Team Leader-Alzheimers |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1780.07

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374803650321

Amount of Each Receipt this Period
363.42

Memo Item

P/R Deduction (\$363.42 Monthly)

C. Mantlo, Bronwen, 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) VP-Deputy Gen Counsel & Corp Secret |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374825750321

Amount of Each Receipt this Period
80.00

Memo Item

P/R Deduction (\$80.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 906.30 |
| TOTAL This Period (last page this line number only)..... | |

**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 100 OF 125 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Gibson, Indria, N, Mrs, MBA

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) Dist Sales Mgr-Harrisburg PA Diab PC |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374830350321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Advisor-Alliance Management |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.21

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374833350321

Amount of Each Receipt this Period
68.18

Memo Item

P/R Deduction (\$68.18 Monthly)

C. 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 |
|----------------------|-------------|------------------------|

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 |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
201.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374839550321

Amount of Each Receipt this Period
41.50

Memo Item

P/R Deduction (\$41.50 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 159.68 |
| TOTAL This Period (last page this line number only)..... | |

**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 101 OF 125 |
| | <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. Smiley, Joshua, L, Mr,
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) Sr Vice President-Finance-Treasurer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2878.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374850150321

Amount of Each Receipt this Period
575.74

Memo Item

P/R Deduction (\$575.74 Monthly)

B. Shah, Aarti, S, Dr,
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) Sr Vice President-IT-CIO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
926.14

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374860050321

Amount of Each Receipt this Period
195.84

Memo Item

P/R Deduction (\$195.84 Monthly)

C. Krishnan, Venkatesh, , Dr, Ph.D.
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) Ext Innovation Lead-Endocrine Discover |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
554.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374875750321

Amount of Each Receipt this Period
110.92

Memo Item

P/R Deduction (\$110.92 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 882.50 |
| TOTAL This Period (last page this line number only)..... | |

**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 102 OF 125 |
| | <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. Johnson, Kirk, W, Mr,
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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.74

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374894550321

Amount of Each Receipt this Period
44.62

Memo Item

P/R Deduction (\$44.62 Monthly)

B. Wettig, Thane, E, Mr,
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) VP-Global Marketing & Alliance Mgmt |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
647.39

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374924450321

Amount of Each Receipt this Period
132.18

Memo Item

P/R Deduction (\$132.18 Monthly)

C. Strickland, Damon, B, Mr,
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) Sr Director-Content Management |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
207.83

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374942950321

Amount of Each Receipt this Period
42.14

Memo Item

P/R Deduction (\$42.14 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 218.94 |
| TOTAL This Period (last page this line number only)..... | |

**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 103 OF 125 |
| | <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. Guymon, Steven, T, Mr,
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) Sr Advisor-E&C-Capability Developmen |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.95

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374952850321

Amount of Each Receipt this Period
49.32

Memo Item

P/R Deduction (\$49.32 Monthly)

B. Cosper, Tracy, 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) Exec Sales Rep-CABU |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374973950321

Amount of Each Receipt this Period
47.68

Memo Item

P/R Deduction (\$47.68 Monthly)

C. Sellner, Joanne, C, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Sr Advisor-National Accounts-United |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
481.89

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374974050321

Amount of Each Receipt this Period
98.38

Memo Item

P/R Deduction (\$98.38 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 195.38 |
| TOTAL This Period (last page this line number only)..... | |

**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 104 OF 125 |
| <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. Fitzgerald, Francis, M, Mr,
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) Advisor-State Government Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
854.72

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374987550321

Amount of Each Receipt this Period
174.50

Memo Item

P/R Deduction (\$174.50 Monthly)

B. Beals, John, M, Dr,
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) Distinguished Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.20

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374992350321

Amount of Each Receipt this Period
255.32

Memo Item

P/R Deduction (\$255.32 Monthly)

C. Solem, Joan, G, 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) Advisor-State Government Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
389.14

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374998150321

Amount of Each Receipt this Period
78.92

Memo Item

P/R Deduction (\$78.92 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 508.74 |
| TOTAL This Period (last page this line number only)..... | |

**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 105 OF 125 |
| | <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. Van Soelen, Stephen, Lloyd, Mr,
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) Sr Advisor Strategic Real Estate |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR374998350321

Amount of Each Receipt this Period
45.08

Memo Item

P/R Deduction (\$45.08 Monthly)

B. Alexander, Kenneth, M, Mr,
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) Consultant-Supplier Management |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.07

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375003850321

Amount of Each Receipt this Period
50.50

Memo Item

P/R Deduction (\$50.50 Monthly)

C. Dunshee, Brice, H, Mr,
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) Sr Director-Commercial Analytics |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
502.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375008350321

Amount of Each Receipt this Period
102.62

Memo Item

P/R Deduction (\$102.62 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 198.20 |
| TOTAL This Period (last page this line number only)..... | |

**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 106 OF 125 |
| <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. Feller, Lori, A, 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) Consultant-Int Benefits & Mobility |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375008850321

Amount of Each Receipt this Period
54.38

Memo Item

P/R Deduction (\$54.38 Monthly)

B. Allen, Albert, J, Dr, M.D. Ph.D.
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) Sr Medical Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
631.71

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375012550321

Amount of Each Receipt this Period
128.54

Memo Item

P/R Deduction (\$128.54 Monthly)

C. Soenksen, Neal, F, Mr,
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) Sr Dist Sis Mgr-TRAVERSE CITY MI DI. |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
334.73

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375017350321

Amount of Each Receipt this Period
67.52

Memo Item

P/R Deduction (\$67.52 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 250.44 |
| TOTAL This Period (last page this line number only)..... | |

**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 107 OF 125 |
| | <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. Anliker, Sally, L, Dr, Ph.D.

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) Sr Research Advisor |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.26

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375021150321

Amount of Each Receipt this Period
42.86

Memo Item

P/R Deduction (\$42.86 Monthly)

B. Larew, Jacqueline, S-A, Dr,

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) Research Fellow |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.21

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375022050321

Amount of Each Receipt this Period
196.40

Memo Item

P/R Deduction (\$196.40 Monthly)

C. Stille, John, R, Dr, Ph.D.

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) Sr Advisor-Chorus Asset Management |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
209.89

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375022450321

Amount of Each Receipt this Period
43.42

Memo Item

P/R Deduction (\$43.42 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 282.68 |
| TOTAL This Period (last page this line number only)..... | |

**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 108 OF 125 |
| | <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. Wahby, Daniel, J, Mr,
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) Advisor-State Government Affairs |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1003.93

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375031250321

Amount of Each Receipt this Period
211.16

Memo Item

P/R Deduction (\$211.16 Monthly)

B. Ford, Stephanie, A, 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) Exec SIs Rep-CAPE GIRARDEAU MO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375032750321

Amount of Each Receipt this Period
48.88

Memo Item

P/R Deduction (\$48.88 Monthly)

C. Diaz-Granados, Ashley, , Miss,
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) Sr Director-Integrated Health East |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
946.81

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375047950321

Amount of Each Receipt this Period
195.90

Memo Item

P/R Deduction (\$195.90 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 455.94 |
| TOTAL This Period (last page this line number only)..... | |

**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 109 OF 125 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Broughton, Michael, L, Mr,
 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 Logistics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 387.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR375052950321
 Amount of Each Receipt this Period 78.06
 Memo Item
 P/R Deduction (\$78.06 Monthly)

B. Vahle, John, L, Dr, Ph.D. D.V.
 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) Sr Research Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 272.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR375058350321
 Amount of Each Receipt this Period 55.36
 Memo Item
 P/R Deduction (\$55.36 Monthly)

C. Wiley, Michael, R, Dr, Ph.D.
 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) Research Fellow
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 222.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR375065250321
 Amount of Each Receipt this Period 45.34
 Memo Item
 P/R Deduction (\$45.34 Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 178.76 |
| TOTAL This Period (last page this line number only).....▶ | |

**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 110 OF 125 |
| <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. Liberto, Louis, M, Mr,
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) Consultant-CTMS-vTeam |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.22

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375082050321

Amount of Each Receipt this Period
45.26

Memo Item

P/R Deduction (\$45.26 Monthly)

B. Kinard, David, S, Mr,
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) Vice President-Human Resources |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375082650321

Amount of Each Receipt this Period
175.10

Memo Item

P/R Deduction (\$175.10 Monthly)

C. McBride, M Chad, , Mr, MBA
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) Advisor - Innovation Strategy |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375083750321

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 280.36 |
| TOTAL This Period (last page this line number only)..... | |

**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 111 OF 125 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Alas, Jose, Antonio, Mr,
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) Vice President-International Marketing |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.46

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375095450321

Amount of Each Receipt this Period
73.78

Memo Item

P/R Deduction (\$73.78 Monthly)

B. Henderson, Daniel, Michael, Mr,
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) Exec SIs Rep-FLAGSTAFF AZ DIAB P |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.12

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375168050321

Amount of Each Receipt this Period
49.60

Memo Item

P/R Deduction (\$49.60 Monthly)

C. Steele, John, F, Mr,
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) Sr Advisor |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
218.85

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375265850321

Amount of Each Receipt this Period
45.52

Memo Item

P/R Deduction (\$45.52 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 168.90 |
| TOTAL This Period (last page this line number only)..... | |

**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 112 OF 125 |
| | <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. Verkamp, Rachelle, Diane, 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 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Eli Lilly and Company | Occupation (for Individual) Manager-Content Mgmt Hub-Glbl Svc |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
287.23

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR375280250321

Amount of Each Receipt this Period
58.44

Memo Item

P/R Deduction (\$58.44 Monthly)

B. Lylis, Stephanie, , 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) Sr Sales Rep-BURLINGTON VT DIAB |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.67

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484396550321

Amount of Each Receipt this Period
43.18

Memo Item

P/R Deduction (\$43.18 Monthly)

C. Boivin, Joseph, D., Dr,
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) Consultant-Medical Liaison |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
322.46

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484400050321

Amount of Each Receipt this Period
65.50

Memo Item

P/R Deduction (\$65.50 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.12 |
| TOTAL This Period (last page this line number only)..... | |

**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 113 OF 125 |
| | <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. MacLaren, David, D, Dr,
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) Senior Director-Regulatory |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484407050321

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

B. Murray, Nathan, J., Mr, MBA
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) Advisor-Global PRA Autoimmune |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.61

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484468050321

Amount of Each Receipt this Period
75.62

Memo Item

P/R Deduction (\$75.62 Monthly)

C. Thomas, David, C., ,
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) Manager-IT |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
316.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484476050321

Amount of Each Receipt this Period
68.42

Memo Item

P/R Deduction (\$68.42 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 194.04 |
| TOTAL This Period (last page this line number only)..... | |

**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 114 OF 125 |
| <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. Metcalf, Robert, , Dr,
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) VP- Reg Affairs-NA & Clinical Quality |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1790.75

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR484479150321

Amount of Each Receipt this Period
366.90

Memo Item

P/R Deduction (\$366.90 Monthly)

B. Seybold, Donna, J, 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) Exec Sales Rep-Philadelphia East PA I |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.84

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR702754850321

Amount of Each Receipt this Period
49.96

Memo Item

P/R Deduction (\$49.96 Monthly)

C. Demattos, Ronald, Bradley, Mr,
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) Dist Res Fellow & CSO-Neurobiological |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR760947450321

Amount of Each Receipt this Period
58.86

Memo Item

P/R Deduction (\$58.86 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 475.72 |
| TOTAL This Period (last page this line number only)..... | |

**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 115 OF 125 |
| | <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. Thomson, Bethany, Meder, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eli Lilly and Company Occupation (for Individual) Sr Director-Global Marketing Taltz
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR850967250321
 Amount of Each Receipt this Period 42.96
 Memo Item
 P/R Deduction (\$42.96 Monthly)

B. Landwehr Marshall, Susan, , ,
 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) Advisor-State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR850980450321
 Amount of Each Receipt this Period 164.62
 Memo Item
 P/R Deduction (\$164.62 Monthly)

C. Kochell, Jay, Bryan, Mr.
 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) Mgr-Facilities Pilot Plant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 277.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR852342750321
 Amount of Each Receipt this Period 56.68
 Memo Item
 P/R Deduction (\$56.68 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 264.26 |
| TOTAL This Period (last page this line number only)..... | |

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 116 OF 125 |
| <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. Sternasty, David, S, Mr,
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) VP Corporate Engineering & Global HS |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR912185950321

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$60.00 Monthly)

B. O'Neill, Myles, , Mr,
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) Sr VP-Global Parenteral Drug Prod/DD |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1546.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR912187350321

Amount of Each Receipt this Period
416.00

Memo Item

P/R Deduction (\$416.00 Monthly)

C. Oxtoby, Andrew, Anthony, Mr,
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) VP-Sales-US Diabetes |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
674.54

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR922228650321

Amount of Each Receipt this Period
137.26

Memo Item

P/R Deduction (\$137.26 Monthly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 613.26 |
| TOTAL This Period (last page this line number only)..... | |

**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 117 OF 125 |
| | <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. Morris, Michael, Logan, ,
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) Consultant-Molecule Planning |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.51

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR931651950321

Amount of Each Receipt this Period
48.16

Memo Item

P/R Deduction (\$48.16 Monthly)

B. Lamson, Keith, Andrew, Mr,
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) Assoc Sr Consultant Engineer - Project |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.29

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 31 | | 2018 |

Transaction ID : PR952601350321

Amount of Each Receipt this Period
59.68

Memo Item

P/R Deduction (\$59.68 Monthly)

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 107.84 |
| TOTAL This Period (last page this line number only)..... | 36927.23 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Kinzinger For Congress | | Date of Disbursement MM / DD / YYYY 05 / 02 / 2018 |
| Mailing Address PO Box 2365 | | FEC Identification Number C C00458877 Transaction ID : 42173727 |
| City Ottawa | State IL | Zip Code 61350 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 6000.00 Contribution |
| Candidate Name Kinzinger, Adam, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: IL | District: 16 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kind For Congress Committee | | Date of Disbursement MM / DD / YYYY 05 / 02 / 2018 |
| Mailing Address 205 5th Avenue S Room 411 | | FEC Identification Number C C00312017 Transaction ID : 42173728 |
| City La Crosse | State WI | Zip Code 54601 |
| Purpose of Disbursement Contribution | | Amount of Each Disbursement this Period 3000.00 Contribution |
| Candidate Name Kind, Ron, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI | District: 03 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Kind For Congress Committee | | Date of Disbursement MM / DD / YYYY 05 / 02 / 2018 |
| Mailing Address 205 5th Avenue S Room 411 | | FEC Identification Number C C00312017 Transaction ID : 42173876 |
| City La Crosse | State WI | Zip Code 54601 |
| Purpose of Disbursement Void - Check Written 12.05.2017 | | Amount of Each Disbursement this Period - 2000.00 Void - Check Written 12.05.2017 |
| Candidate Name Kind, Ron, , Rep., | | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI | District: 03 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Heidi For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement Contribution
Candidate Name Heitkamp, Heidi, , Sen.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: ND District:

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C00505552
Transaction ID : 42250285
Amount of Each Disbursement this Period 1000.00
Contribution
 Memo Item

B. Heller For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution
Candidate Name Heller, Dean, , Sen.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C00494229
Transaction ID : 42250286
Amount of Each Disbursement this Period 1500.00
Contribution
 Memo Item

C. Heller For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution
Candidate Name Heller, Dean, , Sen.,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement 05 / 25 / 2018

FEC Identification Number C00494229
Transaction ID : 42250287
Amount of Each Disbursement this Period 3500.00
Contribution
 Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | 12000.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. BettyPrice4Ga

Full Name (Last, First, Middle Initial)
BettyPrice4Ga

Mailing Address PO Box 2285

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Betty Price, STATE HOUSE 48th GA

Candidate Name
Price, Betty, , GA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number
C []
Transaction ID : 42173722
Amount of Each Disbursement this Period
[] 250.00
 Memo Item Betty Price, STATE HOUSE 48th GA

B. Friends of Deborah Silcox

Full Name (Last, First, Middle Initial)
Friends of Deborah Silcox

Mailing Address 6300 Powers Ferry Road Suite 600, #177

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Deborah Silcox, STATE HOUSE 52nd GA

Candidate Name
Silcox, Deborah, , GA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number
C []
Transaction ID : 42173723
Amount of Each Disbursement this Period
[] 250.00
 Memo Item Deborah Silcox, STATE HOUSE 52nd GA

C. Campaign to Elect James Beverly

Full Name (Last, First, Middle Initial)
Campaign to Elect James Beverly

Mailing Address 841 Mulberry Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
James Beverly, STATE HOUSE 143rd GA

Candidate Name
Beverly, James, , GA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number
C []
Transaction ID : 42173724
Amount of Each Disbursement this Period
[] 500.00
 Memo Item James Beverly, STATE HOUSE 143rd GA

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 1000.00

TOTAL This Period (last page this line number only)..... ▶ []

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. LaHood for Georgia

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5500

City Valdosta State GA Zip Code 31603

Purpose of Disbursement
John LaHood, STATE HOUSE 175th GA

Candidate Name
LaHood, John, , GA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number
C
Transaction ID : 42173726
Amount of Each Disbursement this Period
250.00
John LaHood, STATE HOUSE
 Memo Item 175th GA

B. Committee to Elect John Bizon for State Representative

Full Name (Last, First, Middle Initial)
Mailing Address 5420 A Beckley Road, #349

City Battle Creek State MI Zip Code 49015

Purpose of Disbursement
John Bizon, STATE HOUSE 62nd MI

Candidate Name
Bizon, John, , MI Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number
C
Transaction ID : 42201529
Amount of Each Disbursement this Period
1500.00
John Bizon, STATE HOUSE 62nd MI
 Memo Item

C. Friends of Wes Retherford

Full Name (Last, First, Middle Initial)
Mailing Address 350 Ashley Brook Drive

City Hamilton State OH Zip Code 45013

Purpose of Disbursement
Wes Retherford, STATE HOUSE 51st OH

Candidate Name
Retherford, Wes, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number
C
Transaction ID : 42201530
Amount of Each Disbursement this Period
250.00
Wes Retherford, STATE HOUSE
 Memo Item 51st OH

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Taylor Barras Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address 705 Oak Manor Drive

City New Iberia State LA Zip Code 70563

Purpose of Disbursement
Void - Check Written 02.16.2018

Candidate Name
Barras, Taylor, , LA Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 18 / 2018

FEC Identification Number
C
Transaction ID : 42209401
Amount of Each Disbursement this Period
- 500.00
Void - Check Written 02.16.2018

Memo Item

B. Longbine for Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address 2801 Lakeridge Rd.

City Emporia State KS Zip Code 66801

Purpose of Disbursement
Void - Check Written 04.11.2018

Candidate Name
Longbine, Jeff, , KS Sen.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 18 / 2018

FEC Identification Number
C
Transaction ID : 42209402
Amount of Each Disbursement this Period
- 500.00
Void - Check Written 04.11.2018

Memo Item

C. Ty Masterson for Kansas

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 424

City Andover State KS Zip Code 67002

Purpose of Disbursement
Void - Check Written 04.11.2018

Candidate Name
Masterson, Ty, , KS Sen.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
05 / 16 / 2018

FEC Identification Number
C
Transaction ID : 42209403
Amount of Each Disbursement this Period
- 500.00
Void - Check Written 04.11.2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ - 1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Longbine for Senate Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2801 Lakeridge Rd.

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 16 | | 2018 |

City Emporia State KS Zip Code 66801

FEC Identification Number

Purpose of Disbursement
Jeff Longbine, STATE SENATE 17th KS

| |
|---|
| C |
|---|

Candidate Name
Longbine, Jeff, , KS Sen.,

| |
|-----|
| 011 |
|-----|

Category/
Type

Transaction ID : 42209639

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

| |
|--------|
| 500.00 |
|--------|

Jeff Longbine, STATE SENATE 17th KS
 Memo Item

B. Ty Masterson for Kansas

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 424

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 16 | | 2018 |

City Andover State KS Zip Code 67002

FEC Identification Number

Purpose of Disbursement
Ty Masterson, STATE SENATE 16th KS

| |
|---|
| C |
|---|

Candidate Name
Masterson, Ty, , KS Sen.,

| |
|-----|
| 011 |
|-----|

Category/
Type

Transaction ID : 42209640

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

| |
|--------|
| 500.00 |
|--------|

Ty Masterson, STATE SENATE 16th KS
 Memo Item

C. Rutland GOPAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 8 Upland Drive

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 22 | | 2018 |

City Rutland State VT Zip Code 05701

FEC Identification Number

Purpose of Disbursement
Contribution

| |
|---|
| C |
|---|

Candidate Name

| |
|-----|
| 011 |
|-----|

Category/
Type

Transaction ID : 42217357

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

| |
|---------|
| 1000.00 |
|---------|

Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

| |
|---------|
| 2000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Phil Scott for Vermont

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 988

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
Phil Scott, GOVERNOR VT

Candidate Name
Scott, Phil, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 22 / 2018

FEC Identification Number: C
Transaction ID : 42217358
Amount of Each Disbursement this Period: 2500.00
Phil Scott, GOVERNOR VT

Memo Item

B. Friends of Mark Longietti

Full Name (Last, First, Middle Initial)
Mailing Address 3660 Clearview Drive

City Hermitage State PA Zip Code 16121

Purpose of Disbursement
Mark Longietti, STATE HOUSE 7th PA

Candidate Name
Longietti, Mark, , PA Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 22 / 2018

FEC Identification Number: C
Transaction ID : 42217362
Amount of Each Disbursement this Period: 250.00
Mark Longietti, STATE HOUSE 7th PA

Memo Item

C. Friends of Marguerite Quinn

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 58

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Marguerite Quinn, STATE SENATE 10th PA

Candidate Name
Quinn, Marguerite, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 22 / 2018

FEC Identification Number: C
Transaction ID : 42217363
Amount of Each Disbursement this Period: 500.00
Marguerite Quinn, STATE SENATE 10th PA

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Jake Corman

Mailing Address PO Box 421

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement
Jake Corman, STATE SENATE 34th PA

Candidate Name
Corman, Jake, , ,

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 22 / 2018

FEC Identification Number

Transaction ID : 42217365
Amount of Each Disbursement this Period

Memo Item Jake Corman, STATE SENATE 34th PA

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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