

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

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

FOR LINE NUMBER: PAGE 36 OF 90

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Argentine, Mark, D, Mr,

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Research Advisor-SMDD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.18

Date of Receipt

03 / 31 / 2020

Transaction ID : PR372000957529

Amount of Each Receipt this Period

173.06

☐ Memo Item

P/R Deduction (\$173.06 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Becker, Deborah, K, Ms,

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip 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 ▼

325.20

Date of Receipt

03 / 31 / 2020

Transaction ID : PR372002957529

Amount of Each Receipt this Period

108.40

☐ Memo Item

P/R Deduction (\$108.40 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jackson, Andrew, M, Mr,

Mailing Address Lilly Corporate Center

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Dir-Rheumatology Natl Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.18

Date of Receipt

03 / 31 / 2020

Transaction ID : PR372005357529

Amount of Each Receipt this Period

90.06

☐ Memo Item

P/R Deduction (\$90.06 Monthly)

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

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

371.52