

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

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

FOR LINE NUMBER: PAGE 92 OF 417

(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. Zagorzycki, Bryan, , ,**

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip 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-Mktg-Humulin U500

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**11 / 30 / 2019**

**Transaction ID : PR2263303956010**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

**B. Harvey, Laurie, Lynn, ,**

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip 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-CLEVELAND TN DIAB P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.64

Date of Receipt

**11 / 30 / 2019**

**Transaction ID : PR2263314956010**

Amount of Each Receipt this Period

38.84

☐ Memo Item

P/R Deduction (\$38.84 Monthly)

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

**C. Raymer, Megan, Marie, ,**

Mailing Address Lilly Corporate Center

City  
Indianapolis

State  
IN

Zip 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-Brand-Verzenio HCP PP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**11 / 30 / 2019**

**Transaction ID : PR2263315556010**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$20.00 Monthly)

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

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

78.84