

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

LILLY CORPORATE CENTER

(Check if address is changed)

INDIANAPOLIS

CITY ▲

IN

STATE ▲

46285

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LillyPAC@electioncompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY  
03 / 22 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00082792

4. IS THIS STATEMENT  NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dubash, Hormaz, , ,

Signature of Treasurer

Dubash, Hormaz, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
03 / 22 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Eli Lilly and Company

Mailing Address

Lilly Corporate Center

Indianapolis

IN

46285

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Outsourcing LLC, PAC, , ,

Mailing Address 5845 Richmond Highway

Suite 820

Alexandria

VA

22303

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 703 - 347 - 6551

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Dubash, Hormaz, , ,

Mailing Address Eli Lilly and Company

Lilly Corporate Center

Indianapolis

IN

46285

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 317 - 276 - 5764

Full Name of Designated Agent | Fulk, Jennifer, , ,

Mailing Address | Eli Lilly and Company  
Lilly Corporate Center  
Indianapolis | IN | 46285  
CITY STATE ZIP CODE

Title or Position | Assistant Treasurer | Telephone number | 317 | 433 | 4769

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase

Mailing Address | 1 Chase Manhattan Plaza, 7th Floor  
New York | NY | 10005  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
CITY STATE ZIP CODE