

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

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

FOR LINE NUMBER: PAGE 75 OF 202

(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 ▼

855.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR372000954481

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 ▼

637.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR372002954481

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 Director-Diabetes-West SPEC Area

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR372005354481

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